

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90470 020 ***150.00

DOCUMENT # P33898

1. Entity Name

FUJITSU-ICL SYSTEMS INC.

Principal Place of Business

Mailing Address

5429 LBJ FREEWAY
 ATTN: TAX MANAGER
 DALLAS TX 75240

5429 LBJ FREEWAY
 ATTN: TAX MANAGER
 DALLAS TX 75240-2607

Attention: Alan Wain

2. Principal Place of Business

3. Mailing Address

401 Hackensack Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 8th floor

City & State

City & State
 Hackensack, NJ

Zip

Country

Zip
 07601

Country

USA

4. FEI Number

75-2355667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **KING, ADRIAN**
 CITY-ST-ZIP **ICL MILLENNIUM HOUSE, THAMES VALLEY PARK**
BERKSHIRE RG6 1RB, ENGLAND

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS **Austen Mulinder**
 CITY-ST-ZIP **5429 LBJ Freeway**
Da-las, Texas 75240

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **THOMAS, JULIANO**
 CITY-ST-ZIP **5429 LBJ FREEWAY**
DALLAS TX 75240

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VSD**
 STREET ADDRESS **WAIN, ALAN P**
 CITY-ST-ZIP **401 HACKENSACK AVE**
HACKENSACK NJ 07601

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **KELLY, PETER**
 CITY-ST-ZIP **5429 LBJ FREEWAY**
DALLAS TX 75240

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VPFT**
 STREET ADDRESS **MASON, PAUL**
 CITY-ST-ZIP **5429 LBJ FREEWAY**
DALLAS TX 75240

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **TODD, THOMAS K**
 CITY-ST-ZIP **26 FINSBURY SQUARE**
LONDON EN ECSA1

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan P. Wain

Alan P. Wain, Exe. V.P.

4/27/00

(201) 489-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)