FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33991** **(1)**

1. Corporation Name

INFORMIX SOFTWARE, INC.

Principal Place of Business	Mailing Address
ATTN: LEGAL DEPT., 4100 BOHANNON MENLO PARK CA 94025	ATTN: LEGAL DEPT., 4100 BOHANNON MENLO PARK CA 94025

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified **05/14/1991**	3a. Date of Last Report **04/26/1995**
4. FEI Number **36-3113919**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERGANDI, FRANK		1.2 NAME	
STREET ADDRESS	1700 HIGGINS RD., SUITE 420		1.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLASS, RICHARD C.		2.2 NAME	
STREET ADDRESS	4100 BOHANNON DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA		2.4 CITY-ST-ZIP	
TITLE	TV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BRAUNS, MARGARET R		3.2 NAME	
STREET ADDRESS	4100 BOHANNON DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA		3.4 CITY-ST-ZIP	
TITLE	PCD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, PHILLIP E.		4.2 NAME	
STREET ADDRESS	4100 BOHANNON DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, HOWARD H		5.2 NAME	
STREET ADDRESS	4100 BOHANNON DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SOMMER, STEVEN R.		6.2 NAME	
STREET ADDRESS	4100 BOHANNON DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Blocks 12 or Block 13 if changed or added in an attachment with an address.

SIGNATURE: Margaret R. Brauns 2/7/96 (415) 926-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #