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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 3:21

DOCUMENT # **P39359** (5)

1. Corporation Name
MICRO FOCUS INCORPORATED

Principal Place of Business Mailing Address
2465 E. BAYSHORE ROAD, SUITE 400 PALO ALTO CA 94303
2465 E. BAYSHORE ROAD, SUITE 400 PALO ALTO CA 94303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1992** 3a. Date of Last Report **04/26/1994**
4. FEI Number **94-2681777** 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

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
STE 105
TALLAHASSEE FL 32301**

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 607.1508, 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 _____
Signature must be printed name of registered agent and title if applicable. DATE: Registered Agent signature required when recording.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | PD O'GRADY, PAUL 2465 E. BAYSHORE RD, #400 PALO ALTO CA | 1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | V HILLBERG, LOREN E. 2465 E. BAYSHORE RD, #400 PALO ALTO CA | 21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | ST CONNORS, ROBERT A. 2465 E. BAYSHORE RD, #400 PALO ALTO CA | 31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D REYNOLDS, BRIAN 2465 E. BAYSHORE RD, #400 PALO ALTO CA | 41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | D DAVIDSON, GORDY 2465 E. BAYSHORE RD, #400 PALO ALTO CA | 51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY ST ZIP | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | 61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. CITY ST ZIP | |

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 110.07(3)(k), 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 Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Loren E Hillberg* **LOREN E. HILLBERG** *March 20, 1995* **415-843-7383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)