

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P39359

1. Corporation Name
MICRO FOCUS INCORPORATED

Principal Place of Business: 2465 E. Bayshore Rd. Suite 400 Palo Alto, CA 94303
Mailing Address: 2465 E. Bayshore Rd. Suite 400 Palo Alto, CA 94303

3. Date Incorporated or Qualified: 06/23/92
3a. Date of Last Report: 03/20/95
4. FEI Number: 94-2681777
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
27
City & State: 23
28
Zip: 24
Country: 25
29
Country: 30

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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0602 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: _____ (NOTE: Registered Agent's signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1 TITLE	CEO/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'GRADY, PAUL	12 NAME	GUMUCIO, MARCELO
STREET ADDRESS	2465 E. BAYSHORE RD, #400	13 STREET ADDRESS	2465 E. BAYSHORE RD, #400
CITY-ST-ZIP	PALO ALTO, CA 94303	14 CITY-ST-ZIP	PALO ALTO, CA 94303
TITLE	V <input type="checkbox"/> DELETE	2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLBERG, LOREN E.	22 NAME	
STREET ADDRESS	2465 E. BAYSHORE RD, #400	23 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94303	24 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, ROBERT A.	32 NAME	
STREET ADDRESS	2465 E. BAYSHORE RD, #400	33 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94303	34 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, BRIAN	42 NAME	
STREET ADDRESS	2465 E. BAYSHORE RD, #400	43 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94303	44 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, GORDY	52 NAME	
STREET ADDRESS	2465 E. BAYSHORE RD, #400	53 STREET ADDRESS	
CITY-ST-ZIP	PALO ALTO, CA 94303	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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 an address.

SIGNATURE: Loren E. Hillberg Loren E. Hillberg

04/25/96

CR2E034 (12/95)