

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39359 (5)
 1. Corporation Name
MICRO FOCUS INCORPORATED



Principal Place of Business: **701 E. MIDDLEFIELD ROAD MOUNTAIN VIEW CA 94043**
 Mailing Address: **701 E. MIDDLEFIELD ROAD MOUNTAIN VIEW CA 94043**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1992
4. FEI Number 94-2681777
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	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 **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 officer 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 _____ (Signature, Name or printer name of registered agent and title if applicable) (NOTE: Registered Agent signature required when completing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUMUCIO, MARCELO	1.2 NAME	Martin Waters
STREET ADDRESS	2465 E. BAYSHORE RD.#400	1.3 STREET ADDRESS	701 East Middlefield Road
CITY- ST- ZIP	PALO ALTO CA 94303	1.4 CITY- ST- ZIP	Mountain View, CA 94043
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNORS, ROBERT A.	2.2 NAME	Connors, Robert A.
STREET ADDRESS	2465 E. BAYSHORE RD.#400	2.3 STREET ADDRESS	701 East Middlefield Road
CITY- ST- ZIP	PALO ALTO CA	2.4 CITY- ST- ZIP	Mountain View, CA 94043
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S,T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLBERG, LOREN E.	3.2 NAME	Loren E. Hillberg
STREET ADDRESS	2465 E. BAYSHORE ROAD	3.3 STREET ADDRESS	701 East Middlefield Road
CITY- ST- ZIP	PALO ALTO CA	3.4 CITY- ST- ZIP	Mountain View, CA 94043
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLER, TONY	4.2 NAME	
STREET ADDRESS	2465 E. BAYSHORE ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	PALO ALTO CA	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(b), 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* 1/26/98 (650) 938-3700

CR2E034 (10/97)