

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

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90007 026 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39359

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1992	
21	22	26	27	4. FEI Number 94-2681777	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
25	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET STE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATERS, MARTIN		1.2 NAME	Gary Greenfield	
STREET ADDRESS	701 EAST MIDDLEFIELD ROAD		1.3 STREET ADDRESS	9420 Key West Avenue	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043		1.4 CITY-ST-ZIP	Rockville, MD 20850	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNORS, ROBERT A.		2.2 NAME	Rick Van Hoesen	
STREET ADDRESS	701 EAST MIDDLEFIELD ROAD		2.3 STREET ADDRESS	701 E. Middlefield Road	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043		2.4 CITY-ST-ZIP	Mountain View, CA 94043	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILLBERG, LOREN E.		3.2 NAME	Fritz K. Koehler	
STREET ADDRESS	701 EAST MIDDLEFIELD ROAD		3.3 STREET ADDRESS	701 E. Middlefield Road	
CITY-ST-ZIP	MOUNTAIN VIEW CA 94043		3.4 CITY-ST-ZIP	Mountain View, CA 94043	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Bernie Blegen	
STREET ADDRESS			4.3 STREET ADDRESS	701 E. Middlefield Road	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Mountain View, CA 94043	
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)(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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fritz K. Koehler DATE: 1/6/99 DAYTIME PHONE: (650) 938-3700

CR2E034 (11/98)