

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 7:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33991** (1)

1. Corporation Name
INFORMIX SOFTWARE, INC.

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

Mailing Address
**ATTN: LEGAL DEPT., 4100 BOHANNON
MENLO PARK CA 94025**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/14/1991** 3a. Date of Last Report **03/16/1994**

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**

6. This corporation has liability for intangible tax under S. 189.032, 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	28	Country
24	Country	29	Country

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
85	Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reselecting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOSS, 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	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RRELLY, MARGARET C.	3.2 NAME	TV
STREET ADDRESS	4100 BOHANNON DR.	3.3 STREET ADDRESS	Margaret R. Brauns
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	4100 Bohannon Drive Menlo Park, CA 94025
TITLE	PCD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, RICHARD B.	5.2 NAME	VP & CFO
STREET ADDRESS	4100 BOHANNON DR.	5.3 STREET ADDRESS	Howard H. Graham
CITY-ST-ZIP	MENLO PARK CA	5.4 CITY-ST-ZIP	4100 Bohannon Drive Menlo Park, CA 94025
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 an address.

SIGNATURE:

Margaret R. Brauns
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12 1995 (4) 926-6300
Date (Type in Year)