

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P33991** (1)
1. Corporation Name
INFORMIX SOFTWARE, INC.



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

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **05/14/1991** 3a. Date of Last Report **04/26/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | V <input checked="" type="checkbox"/> DELETE | 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 <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLASS, 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRAUNS, MARGARET R | 3.2 NAME | |
| STREET ADDRESS | 4100 BOHANNON DRIVE | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | MENLO PARK CA | 3.4 CITY-ST-ZIP | |
| TITLE | PCD <input type="checkbox"/> DELETE | 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 | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAHAM, HOWARD H | 5.2 NAME | |
| STREET ADDRESS | 4100 BOHANNON DRIVE | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | MENLO PARK CA | 5.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 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 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: *Margaret R. Brauns* 2/7/96 (415) 926-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY OF FILING

CR2E034 (12/95)