

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33991 (1)

1. Corporation Name
INFORMIX SOFTWARE, INC.



Principal Place of Business ATTN: PAUL KORN 4100 BOHANNON DRIVE MENLO PARK CA 94025	Mailing Address ATTN: PAUL KORN 4100 BOHANNON DRIVE MENLO PARK CA 94025
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Gary Lloyd Suite, Apt. #, etc 22 4100 Bohannon Drive City & State 23 Menlo Park, CA Zip 24 94025 Country 25 US		2a. Mailing Address 26 Gary Lloyd Suite, Apt. #, etc. 27 4100 Bohannon Drive City & State 28 Menlo Park, CA Zip 29 94025 Country 30 US		3. Date Incorporated or Qualified 05/14/1991	4. FEI Number 36-3113919	Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input type="checkbox"/> No		

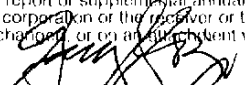
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 _____ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP, Lgl, Gen Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLASS, RICHARD C.	1.2 NAME	Gary Lloyd
STREET ADDRESS	4100 BOHANNON DR.	1.3 STREET ADDRESS	4100 Bohannon Drive
CITY-ST-ZIP	MENLO PARK CA	1.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	TV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President, Chairman & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAUNS, MARGARET R	2.2 NAME	Robert J. Finocchio, Jr.
STREET ADDRESS	4100 BOHANNON DRIVE	2.3 STREET ADDRESS	4100 Bohannon Drive
CITY-ST-ZIP	MENLO PARK CA	2.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	PCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, PHILLIP E.	3.2 NAME	Jean-Yves Dexmier
STREET ADDRESS	4100 BOHANNON DR.	3.3 STREET ADDRESS	4100 Bohannon Drive
CITY-ST-ZIP	MENLO PARK CA	3.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, HOWARD H	4.2 NAME	James F. Engle
STREET ADDRESS	4100 BOHANNON DRIVE	4.3 STREET ADDRESS	4100 Bohannon Drive
CITY-ST-ZIP	MENLO PARK CA	4.4 CITY-ST-ZIP	Menlo Park, CA 94025
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP, PMD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMMER, STEVEN R.	5.2 NAME	Myron Saranga
STREET ADDRESS	4100 BOHANNON DR.	5.3 STREET ADDRESS	4100 Bohannon Drive
CITY-ST-ZIP	MENLO PARK CA	5.4 CITY-ST-ZIP	Menlo Park, CA 94025
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.

SIGNATURE:  **Gary Lloyd** Vice President, Legal, General Counsel & Secretary 4/28/98

CR2E034 (10/97)