


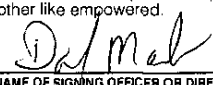
**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90045 024 \*\*\*158.75

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<b>DOCUMENT # F99000005593</b>			
1. Entity Name SUNGARD PENTAMATION INC.			
Principal Place of Business ONE BETHLEHEM PLAZA BETHLEHEM, PA 18018		Mailing Address ONE BETHLEHEM PLAZA BETHLEHEM, PA 18018	
2. Principal Place of Business 3 West Broad Street		3. Mailing Address 3 West Broad Street	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Bethlehem, PA		City & State Bethlehem, PA	
Zip 18018	Country US	Zip 18018	Country US
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO APPLETON, DONALD V ONE BETHLEHEM PLAZA BETHLEHEM, PA 18018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 West Broad Street, Suite 1 Bethlehem, PA 18018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MADEA, DAVID D ONE BETHLEHEM PLAZA BETHLEHEM, PA 18018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3 West Broad Street, Suite 1 Bethlehem, PA 18018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROSS, LAWRENCE A 1285 DRUMMERS LANE WAYNE, PA 190871586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 680 East Swedesford Road Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUANE, MICHAEL J 1285 DRUMMERS LANE WAYNE, PA 190871586 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 680 East Swedesford Road Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWD, PHILIP L 11 SALT CREEK LANE HINSDALE, IL 60521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>David Madea</u> 		1/23/04	610-691-3616
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>