


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90002 021 \*\*\*158.75

**DOCUMENT # F99000005593**

1. Entity Name  
**SUNGARD PENTAMATION INC.**



Principal Place of Business      Mailing Address  
**3 W BROAD ST.**      **3 W BROAD ST.**  
**STE. 1**      **STE. 1**  
**BETHLEHEM, PA 18018**      **BETHLEHEM, PA 18018**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01202006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**23-1717744**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCOO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPLETON, DONALD V			NAME			
STREET ADDRESS	3 W BROAD ST., STE 1			STREET ADDRESS			
CITY-ST-ZIP	BETHLEHEM, PA 18018			CITY-ST-ZIP			
TITLE	VCFO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADEA, DAVID D			NAME			
STREET ADDRESS	3 W BROAD ST STE 1			STREET ADDRESS			
CITY-ST-ZIP	BETHLEHEM, PA 18018			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GROSS, LAWRENCE A			NAME			
STREET ADDRESS	680 E SWEDESFORD RD			STREET ADDRESS			
CITY-ST-ZIP	WAYNE, PA 190871586			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUANE, MICHAEL J			NAME			
STREET ADDRESS	680 E SWEDESFORD RD.			STREET ADDRESS			
CITY-ST-ZIP	WAYNE, PA 190871586			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOWD, PHILIP L			NAME			
STREET ADDRESS	11 SALT CREEK LANE			STREET ADDRESS			
CITY-ST-ZIP	HINSDALE, IL 60521			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** David D. Madea      *David D. Madea*      1/20/2006      (610) 691-3616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #