


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90269 009 ***158.75

DOCUMENT # F99000005593

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-1717744**

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PCOO	<input type="checkbox"/> Delete
NAME	APPLETON, DONALD V	
STREET ADDRESS	ONE BETHLEHEM PLAZA	
CITY-ST-ZIP	BETHLEHEM PA 18018	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	MADEA, DAVID D	
STREET ADDRESS	ONE BETHLEHEM PLAZA	
CITY-ST-ZIP	BETHLEHEM PA 18018	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GROSS, LAWRENCE A	
STREET ADDRESS	1285 DRUMMERS LANE	
CITY-ST-ZIP	WAYNE PA 19087-1586	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUANE, MICHAEL J	
STREET ADDRESS	1285 DRUMMERS LANE	
CITY-ST-ZIP	WAYNE PA 19087-1586	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOWD, PHILIP L	
STREET ADDRESS	11 SALT CREEK LANE	
CITY-ST-ZIP	HINSDALE IL 60521	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: David Madea **SIGNATURE REQUIRED** 1/28/03 **610-691-3616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)