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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT

SUNGARD INVESTMENT SYSTEMS LLC

Certificate of Status	0
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Estimated Charge	\$516.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MS000006749**

1. Limited Liability Company's Name

SunGard Investment Systems LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
377 East Butterfield Road

Suite, Apt. #, etc.
Suite 800

City & State
Lombard, IL

Zip Country
60148 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida **12/08/2005**

6. FEI Number **23-2115509** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Margaret E. Roufzahn **MARGARET E. ROUFZAHN** Date 2/10/09
Special Assistant Secretary
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Thomas J. McDugall	680 E. Swedesford Road	Wayne, PA 19087
Mgr.	Michael J. Ruane	680 E. Swedesford Road	Wayne, PA 19087
Mgr.	Victoria E. Silbey	680 E. Swedesford Road	Wayne, PA 19087

REINSTATEMENT 07-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Michael J. Ruane Date 2/4/09 Daytime Phone # 484-582-2000
Typed or printed name of signing Managing Member/Manager **Michael J. Ruane, Manager**