2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 15, 2009
Secretary of State

DOCUMENT# P01551

Entity Name: UNISYS CORPORATION

Current Principal Place of Business:

UNISYS WAY
BLUE BELL, PA 19424 US

New Principal Place of Business:

Current Mailing Address:

UNISYS WAY
M/S E8-120
BLUE BELL, PA 19424 US

New Mailing Address:

FEI Number: 38-0387840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SUSAN
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: T ( ) Delete
Name: NANCY
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: A ( ) Delete
Name: NANCY
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: V ( ) Delete
Name: JANET
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: C ( ) Delete
Name: COLEMAN, J.E
Address: UNISYS WAY
City-St-Zip: BLUE BELL, PA 19424 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: KEENE, SUSAN T
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: T (X) Change ( ) Addition
Name: MILLER, NANCY L
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: A (X) Change ( ) Addition
Name: SUNDHEIM, NANCY
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: V (X) Change ( ) Addition
Name: HAUGEN, JANET B
Address: UNISYS WAY E8-120 BLUE BELL PA 19424
City-St-Zip: BLUE BELL, PA 19424 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L MILLER T 07/15/2009

Electronic Signature of Signing Officer or Director Date