

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P27248** (4)

1. Corporation Name  
**BISYS, INC.**



Principal Place of Business: **11 GREENWAY PLAZA, SUITE 300 HOUSTON TX 77046-1102**  
Mailing Address: **11 GREENWAY PLAZA, SUITE 300 HOUSTON TX 77046-1102**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24  
25  
26a Mailing Address  
26 **c/o BISYS**  
27 **3435 Stelzer Rd.**  
28 **Columbus, Ohio**  
29 Zip  
30 **43219**

3. Date Incorporated or Qualified: **12/12/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **22-2977930**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or officer (Applicable)

(P.O. Box Street Agent signature is not acceptable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOURKE, PAUL H.</b>	1.2 NAME	
STREET ADDRESS	<b>11 GREENWAY PLAZA, #300</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HOUSTON TX</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCINERNEY, THOMAS E.</b>	2.2 NAME	
STREET ADDRESS	<b>1 WORLD FINANCIAL CTR.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANGUM, LYNN J.</b>	3.2 NAME	
STREET ADDRESS	<b>150 CLOVE RD.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LITTLE FALLS NJ</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMULLAN, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>150 CLOVE RD.</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LITTLE FALLS NJ</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>11 GREENWAY PLAZA, #300</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HOUSTON TX</b>	5.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEDAPPER, JAY</b>	6.2 NAME	
STREET ADDRESS	<b>5 BURRITTS LANDING</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>WESTPORT CT</b>	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert J. McMullan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

CR2E034 (12/95)