

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

Pg. 1 of 2

DOCUMENT # **838603** (9)

1. Corporation Name
SUNTRUST DATA SYSTEMS, INC.



Principal Place of Business Mailing Address
11 GREENWAY PLAZA SUITE 300 HOUSTON TX 77046 US

3. Date Incorporated or Qualified **06/16/1977** 3a. Date of Last Report **05/23/1995**
4. FEI Number **59-1750939** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**THORPE, JANET C.
SUN BANK, N.A.
200 S. ORANGE AVENUE 10TH FL.
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 and fee if applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	COLARDO, THOMAS	
STREET ADDRESS	250 PIEDMONT AVE.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CLEVELAND, JAMES	
STREET ADDRESS	250 PIEDMONT AVE.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHOLAR, R, HAYES	
STREET ADDRESS	250 PIEDMONT RD NE #1820	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASH, THOMAS, G	
STREET ADDRESS	250 PIEDMONT RD NE #1600	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORTON, ROBERT, M	
STREET ADDRESS	250 PIEDMONT RD NE #1800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MADDEN, BERT, C	
STREET ADDRESS	25 PARK PL NE 5TH FLR	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

See attached list of officers

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)(k), 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: *Catherine T. Dwyer* Catherine T. Dwyer, Sec./V.P. 3/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

838603

2 of 2

BISYS/STDS, Inc.
Corporate Officers

Chairman

Lynn J. Mangum
TheBISYS Group, Inc.
Overlook at Great Notch
150 Clove Road
Little Falls, NJ 07424

President

Paul Bourke
11 Greenway Plaza
Suite 300
Houston, TX 77046

Secretary/VP

Catherine T. Dwyer
The BISYS Group, Inc.
Overlook at Great Notch
150 Clove Road
Little Falls, NJ 07424

Assistant Secretary

AnnaMaria Porcaro
The BISYS Group, Inc.
Overlook at Great Notch
150 Clove Road
Little Falls, NJ 07424

Sr. Vice President

Mark Rybarczyk
BISYS
11 Greenway Plaza
Suite 300
Houston, TX 77046

Vice President

Allan Najjar
P. O. Box 54226
Atlanta, GA 30308-0201

Executive Vice President/CFO

Robert J. McMullen
The BISYS Group, Inc.
Overlook at Great Notch
150 Clove Road
Little Falls, NJ 07424