LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 MAY 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #B05000000189

1. Entity Name
BISYS Information Solutions LP
11 Greenway Plaza, Suite 300
Houston, TX 77046-1102

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11 Greenway Plaza	3435 Stelzer Rd.
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.:
City & State: Houston, TX	City & State: Columbus, Ohio
Zip: 77046 Country: USA	Zip: 43219 Country: USA

DUE BY MAY 1

4. FEI Number: 31-1676817 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
563,711.00	534,800	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P27248	STREET ADDRESS	
NAME	BISYS, INC	CITY-ST-ZIP	200005677152--8
STREET ADDRESS	3435 Stelzer Rd. Ste 1000		-06/04/02--01036--017
CITY-ST-ZIP	Columbus, Ohio 43219-8024		****526.25 ****526.25
DOCUMENT #		STREET ADDRESS	
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CR2E003B (12/01)

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: John P. Gilliam John P. Gilliam 5/1/02 (614) 428-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #