


B05000000189

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**

05 MAY -2 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT #</b> B05000000189			
<b>1. Entity Name</b> BISYS INFORMATION SOLUTIONS LP			
<b>Principal Place of Business</b> 11 GREENWAY PLAZA, STE. 300 HOUSTON, TX 77046		<b>Mailing Address</b> 3435 STELZER RD COLUMBUS, OH 43219	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 31-1676817		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b> <b>Signature:</b> <i>Jeanine Reynolds</i> <b>as its agent</b> <b>DATE:</b> 5-2-05			
<b>9. Capital Contributions as Shown on record.</b> \$563,711.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b> 475,665.00	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	P27248	STREET ADDRESS	
NAME	BISYS, INC.	CITY-ST-ZIP	
STREET ADDRESS	3435 STELZER RD, STE 1000		
CITY-ST-ZIP	COLUMBUS, OH 432198026		
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CITY-ST-ZIP			
<b>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</b>			
<b>SIGNATURE:</b> <i>[Signature]</i>		<b>DATE:</b> 4/21/05 <b>Daytime Phone #:</b> (614) 428-3284	

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