2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Sep 12, 2001 8:00 am Secretary of State F0000000841 DOCUMENT # 1. Entity Name 09-12-2001 90158 025 ***550.00 SUNGARD SYSTEMS INTERNATIONAL INC. Principal Place of Business Mailing Address 560 LEXINGTON AVENUE. 11TH FLOOR 560 LEXINGTON AVENUE, 11TH FLOOR **UUUUU4327** NEW YORK NY 10022 NEW YORK NY 10022 2. Principal Place of Business 3. Mailing Address 530 WALNUT STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SVITE 450 Applied For City & State City & State 4. FEI Number 23-2490902 PA PHILADELPHIA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 19106 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ----C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CONTROLLER Addition CR2E034 (5/01) TITLE ☐ Delete TITLE Change HOGARH, ROBERT ROBINSON, DAVID E NAME NAME Suitz 450 11 SALT CREEK LANE 530 WALNUT STREET, STREET ADDRESS STREET ADDRESS HINSDALE IL 60521 CITY-ST-7IP PA CITY-ST-ZIP PHILADELPHIA 19106 CEO Addition TITLE DVS ☐ Delete TITLE Change GREFELD ROBERT GROSS, LAWRENCE A NAME NAME 1285 DEUMMERS LANE STREET ADDRESS 1285 DRUMMERS LANE STREET ADDRESS 19067 CITY-ST-ZIP CITY-ST-ZIP WAYNE PA 19087 WAYNE. PA TITLE DVS Delete TITLE ☐ Change Addition NAME RUANE, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 1285 DRUMMERS LANE CITY-ST-ZIP CITY-ST-ZIP WAYNE PA 19106 ☐ Addition VS TITLE ☐ Change TITLE ☐ Delete ARMSTRONG, SARA G NAME NAME STREET ADDRESS 1285 DRUMMERS LANE STREET ADDRESS CiTY-ST-ZiP **WAYNE PA 19087** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRONSTEIN, ANDREW P NAME NAME 1285 DRUMMERS LANE STREET ADDRESS STREET ADDRESS CITY-ST-7IP WAYNE PA 19087 CITY-ST-ZIP ☐ Addition CFO TITLE Delete 📈 TITLE MCGOLDRICK, ANNE M NAME NAME **530 WALNUT STREET** STREET ADDRESS STREET ADDRESS CiTY-ST-7IP PHILADELPHIA PA 19106 CITY-ST-ZIP 13. 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 or supplemental 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 11 or Block 12 if

FILED