

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90097 003 ***150.00

DOCUMENT # F00000000841

1. Entity Name

SUNGARD SYSTEMS INTERNATIONAL INC.

Principal Place of Business

**560 LEXINGTON AVENUE, 11TH FLOOR
 NEW YORK NY 10022**

Mailing Address

**530 WALNUT STREET
 SUITE 450
 PHILADELPHIA PA 19106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2490902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back). ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☐ Delete
 NAME **ROBINSON, DAVID E**
 STREET ADDRESS **11 SALT CREEK LANE**
 CITY-ST-ZIP **HINSDALE IL 60521**

TITLE **CONTROLLER** ☐ Change ☒ Addition
 NAME **HOGARTH, ROBERT**
 STREET ADDRESS **530 WALNUT STREET, SUITE 450**
 CITY-ST-ZIP **PHILADELPHIA PA 19106**

TITLE **DVS** ☐ Delete
 NAME **GROSS, LAWRENCE A**
 STREET ADDRESS **1285 DRUMMERS LANE**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVS** ☐ Delete
 NAME **RUANE, MICHAEL J**
 STREET ADDRESS **1285 DRUMMERS LANE**
 CITY-ST-ZIP **WAYNE PA 19106**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **ARMSTRONG, SARA G**
 STREET ADDRESS **1285 DRUMMERS LANE**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VS** ☐ Delete
 NAME **BRONSTEIN, ANDREW P**
 STREET ADDRESS **1285 DRUMMERS LANE**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO** ☐ Delete
 NAME **GREIFELD, ROBERT**
 STREET ADDRESS **1285 DRUMMERS LANE**
 CITY-ST-ZIP **WAYNE PA 19087**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Z. Hogarth
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 FEB 02 (215) 627-3800

Date

Daytime Phone #

CR2E034 (9/01)