2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # F0000000841 1. Entity Name SUNGARD SYSTEMS INTERNATIONAL INC.					01-20-2004 90051 006 ***150.00				
Principal Plac	e of Business	Mailing Address			ļ				
560 LEXINGTON AVENUE, 11TH FLOOR NEW YORK, NY 10022 530 WALNUT STREET SUITE 450 PHILADELPHIA, PA 19106			106		 	W	AIN FANN BEHN BELEN LANN BUTA	(171261 U 1761	
2. Principal Place of Business		3. Mailing Address]					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004	Chg-P	CR2E034 (10/03	3)		
City & State		City & State		4. FEI Number 23-24909	902	 	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 A	dditional ired	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent		
CTCORP	ORATION SYSTEM	_	Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street	Street Address (P.O. Box Number is Not Acceptable)					
ft.									
re o je no promo je u pomer jako i je i je ogove go za je je je			City			_ •-	FL Zip Co	ode	
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.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Trust Fund Contribution. Added to									
10.	OFFICERS AND	- 	11.		ADDITIONS/C	IANGES TO OF	FICERS AND DIRECTO		
NAME ,	DC ROBINSON, DAVID E	☐ Delete	TITLE .		• -		☐ Chang	e 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP	11 SALT CREEK LANE HINSDALE, IL 60521		STREET ADDRESS CITY-ST-ZIP						
TITLE	DVS	Delete	ŢIŢĿE				- Change	Addition	
NAME STREET ADDRESS	GROSS, LAWRENCE A 1285 DRUMMERS LANE		NAME						
CITY-ST-ZIP	WAYNE, PA 19087		STREET ADDRESS CITY-ST-ZIP						
TITLE	DVS	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	RUANE, MICHAEL J 1285 DRUMMERS LANE		NAME STREET ADDRESS						
CITY-ST-ZIP	WAYNE, PA 19106		CITY-ST-ZIP						
· TULTE	Vs	Delete	TITLE				☐ Cháng	Addition	
NAME Street address	ARMSTRONG, SARA G 1285 DRUMMERS LANE		NAME STREET ADDRESS						
CITY-ST-ZIP	WAYNE, PA 19087		CITY-ST-ZIP						
TITLE	VS	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	BRONSTEIN, ANDREW P 1285 DRUMMERS LANE	•	NAME STREET ADDRESS					ŀ	
CITY-ST-ZIP	WAYNE, PA 19087		CITY-ST-ZIP						
TITLÉ	CEO	Delete	TITLE	ι –	NTROLLER		Change	Addition	
NAME STREET ADDRESS	GREIFELD, ROBERT 1285 DRUMMERS LANE	,_ ,	NAME STREET ADDRESS		BERT HOR		50 178 450		
CITY-ST-ZIP	WAYNE, PA 19087		CITY-ST-ZIP		ILA, PA	19104			
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information									

12. Thereby certify that the information supplied with this filling does not qualify for the exemption-stated in Section 19.07(3)(f), Fiolida Statutes. Toldred 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Qulat 2 Hozarth	40 WAL 01	(215) 454-
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #