

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90354 034 ***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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 601 Walnut Street Suite 1010 Philadelphia, PA 19106 USA	
4. FEI Number 23-2490902		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ROBINSON, DAVID E <input checked="" type="checkbox"/> Delete 11 SALT CREEK LANE HINSDALE, IL 60521	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Muratore, Michael 600 Laurel Oak Road Warren, NJ 07043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input checked="" type="checkbox"/> Delete GROSS, LAWRENCE A 1285 DRUMMERS LANE WAYNE, PA 19087	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sibly, Victoria 680 E. Swedesford Road Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input checked="" type="checkbox"/> Delete RUANE, MICHAEL J 1285 DRUMMERS LANE WAYNE, PA 19106	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 680 E. Swedesford Road Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input checked="" type="checkbox"/> Delete ARMSTRONG, SARA G 1285 DRUMMERS LANE WAYNE, PA 19087	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Beush, Leslie 680 E. Swedesford Road Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input checked="" type="checkbox"/> Delete BRONSTEIN, ANDREW P 1285 DRUMMERS LANE WAYNE, PA 19087	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mullane, Karen 680 E. Swedesford Road Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input type="checkbox"/> Delete HOGARNT, ROBERT 530 WALNUT ST. STE 450 PHILADELPHIA, PA 19106	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hogarth, Robert 601 Walnut St. Ste 1010
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Robert L Hogarth</u> <u>Robert L Hogarth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/20/06</u> <u>(215) 931-2706</u> <small>Date Daytime Phone #</small>	