

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90049 043 ***150.00

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1. Entity Name
SUNGARD SYSTEMS INTERNATIONAL INC.



Principal Place of Business
**560 LEXINGTON AVENUE, 11TH FLOOR
NEW YORK, NY 10022**

Mailing Address
**601 WALNUT ST
STE 1010
PHILADELPHIA, PA 19106**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MURATORE, MICHAEL 600 LAUREL OAK RD VOORHEES, NJ 08043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SIBBEY, VICTORIA 680 E SWEDES FORD RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RUANE, MICHAEL J 680 E SEWRDS FORD RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BRUSH, LESLIE 680 E SEDES FORD RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MULLANE, KAREN 680 E SWEDES FORD RD WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOGARTH, ROBERT 601 WALNUT ST STE 1010 PHILADELPHIA, PA 19106

**DO NOT WRITE
IN THIS SPACE**

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: *Robert A. Hogarth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/08
Date

(215) 931-2706
Daytime Phone #