

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90132 007 \*\*\*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

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. 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** ROBERT HOGARTH  
**STREET ADDRESS** 530 Walnut Street, Suite 450  
**CITY-ST-ZIP** Phila, 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**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Robert L. Hogarth* **ROBERT L. HOGARTH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**29 Jan 03**

**(215) 627-3800**

Date

Daytime Phone #

CR2E034 (10/02)