

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003966

1. Entity Name

BISYS FUND SERVICES OHIO, INC.

Principal Place of Business

STE 1000, 3435 STELZER ROAD
COLUMBUS OH 43219

Mailing Address

STE 1000, 3435 STELZER ROAD
COLUMBUS OH 43219

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MANGUM, LYNN J
150 CLOVE RD.
LITTLE FALLS NJ

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SHEEHAN, DENNIS
150 CLOVE RD.
LITTLE FALLS NJ

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DELL, KEVIN J
150 CLOVE RD.
LITTLE FALLS NJ

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
RYBARCZYK, MARK
11 GREENWAY PLAZA
HOUSTON TX

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GILLIAM, JOHN P
3435 STELZER RD
COLUMBUS OH

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TOMKO, WILLIAM J
3435 STELZER RD
COLUMBUS OH

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP, CFO
☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Senior Vice President
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Senior Vice President
☒ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President

4/19/01

Date

614-470-8306

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)