


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90001 030 ***150.00

DOCUMENT # F01000001273.	
1. Entity Name SUNGARD COMPUTER SERVICES INC.	

Principal Place of Business 600 LAUREL OAK ROAD VOORHEES NJ 08043	Mailing Address 1285 DRUMMERS LANE WAYNE PA 19087
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2. Principal Place of Business	3. Mailing Address 680 E. Swedesford Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Wayne PA
Zip	Country
19087	



MOORE CR2E034 (11/03)

4. FEI Number 23-2579118	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
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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, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	NAME SIMMONS, JAMES C	TITLE	NAME
STREET ADDRESS 1285 DRUMMERS LANE	CITY-ST-ZIP WAYNE PA 19087	STREET ADDRESS	CITY-ST-ZIP
TITLE CFEV	NAME GAASCHE, THEODORE J	TITLE	NAME
STREET ADDRESS 1285 DRUMMER LANE	CITY-ST-ZIP WAYNE PA 19087	STREET ADDRESS	CITY-ST-ZIP
TITLE VPC	NAME MCKEEVER, EDWARD C	TITLE	NAME
STREET ADDRESS 1285 DRUMMER LANE	CITY-ST-ZIP WAYNE PA 19087	STREET ADDRESS	CITY-ST-ZIP
TITLE AVPS	NAME ARMSTRONG, SARA G	TITLE	NAME
STREET ADDRESS 1285 DRUMMER LANE	CITY-ST-ZIP WAYNE PA 19087	STREET ADDRESS	CITY-ST-ZIP
TITLE AVPS	NAME BRONSTEIN, ANDREW P	TITLE	NAME
STREET ADDRESS 1285 DRUMMER LANE	CITY-ST-ZIP WAYNE PA 19087	STREET ADDRESS	CITY-ST-ZIP
TITLE AVPS	NAME GROSS, LAWRENCE A	TITLE	NAME
STREET ADDRESS 1285 DRUMMER LANE	CITY-ST-ZIP WAYNE PA 19087	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:  **EDWARD C. MCKEEVER** **2/6/04** **(404) 582-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**