

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000001273

1. Entity Name
SUNGARD COMPUTER SERVICES INC.



Principal Place of Business
**600 LAUREL OAK ROAD
VOORHEES, NJ 08043**

Mailing Address
**680 E. SWEDES FORD RD
WAYNE, PA 19087**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2579118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	SIMMONS, JAMES C
STREET ADDRESS	1285 DRUMMERS LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	CFEV
NAME	GAASCHE, THEODORE J
STREET ADDRESS	1285 DRUMMER LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	VPC
NAME	MCKEEVER, EDWARD C
STREET ADDRESS	1285 DRUMMER LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	AVPS
NAME	ARMSTRONG, SARA G
STREET ADDRESS	1285 DRUMMER LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	AVPS
NAME	BRONSTEIN, ANDREW P
STREET ADDRESS	1285 DRUMMER LANE
CITY-ST-ZIP	WAYNE, PA 19087

TITLE	AVPS
NAME	GROSS, LAWRENCE A
STREET ADDRESS	1285 DRUMMER LANE
CITY-ST-ZIP	WAYNE, PA 19087

U000000173843
01/07/05-80035-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD C. McKeever

1/5/05

Date

(484) 582-2000

Daytime Phone #