


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90012 014 ***150.00

DOCUMENT # F01000004028 1. Entity Name SUNGARD MARKET DATA SERVICES INC.					
Principal Place of Business 112 W. PARK DR. MOUNT LAUREL, NJ 08054 US			Mailing Address 112 W. PARK DR. MOUNT LAUREL, NJ 08054 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 23-3024712	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, DENNIS 112 WEST PARK DRIVE MOUNT LAUREL, NJ 08054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JANET CROWLEY 112 WEST PARK DRIVE MT. LAUREL NJ 08054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTENSEN, WALTER 112 W. PARK DR. MOUNT LAUREL, NJ 08054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POWELL, EDMUND 112 W. PARK DR. MOUNT LAUREL, NJ 08054	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER ARTHUR KULIKOWSKI 112 WEST PARK DRIVE MT. LAUREL NJ 08054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD BRONSTEIN, ANDREW P 1285 DRUMMERS LANE WAYNE, PA 19087	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MICHAEL RUANE 680 E SWEDES FORD RD WAYNE PA 19087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GROSS, LAWRENCE A 1285 DRUMMERS LANE WAYNE, PA 19087	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LESLIE BRUSH 680 E SWEDES FORD RD WAYNE PA 19087	
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: _____			3/19/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		