

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90062 028 ***150.00

DOCUMENT # F03000002186

1. Entity Name
SUNGARD WORKFLOW SOLUTIONS INC.



Principal Place of Business
**402 OFFICE PARK DRIVE, SUITE 150
BIRMINGHAM, AL 35223**

Mailing Address
**402 OFFICE PARK DRIVE, SUITE 150
BIRMINGHAM, AL 35223**

24025973



03172004 Chg-P CR2E034 (10/03)

4. FEI Number
63-1019430

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	INGRAM, JASON	
STREET ADDRESS	402 OFFICE PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	V	<input type="checkbox"/> Delete
NAME	COTTON, LANT	
STREET ADDRESS	402 OFFICE PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORBUS, BRETT A	
STREET ADDRESS	402 OFFICE PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	V	<input type="checkbox"/> Delete
NAME	OAKMAN, MICHAEL A	
STREET ADDRESS	402 OFFICE PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, JAMES A	
STREET ADDRESS	2 ADAMS PLACE, 4TH FLOOR	
CITY-ST-ZIP	QUINCY, MA 02169	
TITLE	CONT	<input type="checkbox"/> Delete
NAME	FOLEY, MICHAEL	
STREET ADDRESS	402 OFFICE PARK DRIVE, SUITE 150	
CITY-ST-ZIP	BIRMINGHAM, AL 35223	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

Date

256-370-4100

Daytime Phone #