

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90054 030 ***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	
2. Principal Place of Business 104 Inverness Ctr. Place Suite, Apt. #, etc.		3. Mailing Address 104 Inverness Ctr. Place Suite, Apt. #, etc.	
City & State Birmingham, AL Zip 35242		City & State Birmingham, AL Zip 35242	
Country USA		Country USA	
4. FEI Number 63-1019430		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 INGRAM, JASON 402 OFFICE PARK DRIVE, SUITE 150 BIRMINGHAM, AL 35223	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COTTON, LANT 402 OFFICE PARK DRIVE, SUITE 150 BIRMINGHAM, AL 35223	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORBUS, BRETT A 402 OFFICE PARK DRIVE, SUITE 150 BIRMINGHAM, AL 35223	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OAKMAN, MICHAEL A 402 OFFICE PARK DRIVE, SUITE 150 BIRMINGHAM, AL 35223	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT FOLEY, MICHAEL 402 OFFICE PARK DRIVE, SUITE 150 BIRMINGHAM, AL 35223	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	104 Inverness Center Place Birmingham, AL 35242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Michael L. Foley Date 1-18-2005 Daytime Phone 205-437-7500	

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