

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 FEB -7 PM 12: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000005303

1. Entity Name  
SUNGARD DATA SYSTEMS INC.



Principal Place of Business  
680 E. SWEDESFORD ROAD  
WAYNE, PA 19087

Mailing Address  
680 E. SWEDESFORD ROAD  
WAYNE, PA 19087



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0267091

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CHU, CHIN E  
345 PARK AVENUE, 31ST FLOOR  
NEW YORK, NY 10154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEOP  
CONDE, CRISTOBAL  
560 LEXINGTON AVENUE, 9TH FLOOR  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CONNAUGHTON, JOHN  
111 HUNTINGTON AVENUE  
BOSTON, MA 02199

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GREENE, JAMES H JR.  
MENIO PARK, 2800 SAND HILL ROAD, SUITE 200  
MENO PARK, CA 94025

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COB  
HUTCHINS, GLENN H  
9 WEST 57TH STREET, 25TH FLOOR  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MARREN, JOHN  
345 CALIFORNIA STREET, SUITE 3300  
SAN FRANCISCO, CA 94104

900066555019  
02/24/06--01013--021 \*\*158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Leslie S. Brush*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Leslie S. Brush, Secretary

2/2/06  
Date

Daytime Phone #