

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005303

FILED
Apr 25, 2010
Secretary of State

Entity Name: SUNGARD DATA SYSTEMS INC.

Current Principal Place of Business:

680 E. SWEDESFORD ROAD
WAYNE, PA 19087

New Principal Place of Business:

680 E. SWEDESFORD ROAD
WAYNE, PA 19087 US

Current Mailing Address:

680 E. SWEDESFORD ROAD
WAYNE, PA 19087

New Mailing Address:

680 E. SWEDESFORD ROAD
WAYNE, PA 19087 US

FEI Number: 51-0267091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: CHU, CHINH
Address: 345 PARK AVENUE, 31ST FLOOR
City-St-Zip: NEW YORK, NY 10154 US

Title: C
Name: CONDE, CRISTOBAL
Address: 340 MADISON AVE
City-St-Zip: NEW YORK, NY 10173 US

Title: D
Name: CONNAUGHTON, JOHN
Address: 111 HUNTINGTON AVENUE
City-St-Zip: BOSTON, MA 02199 US

Title: D
Name: GREENE, JAMES
Address: 2800 SAND HILL ROAD, SUITE 200CA
City-St-Zip: MENLO PARK, CA 94025 US

Title: V
Name: MULLANE, KAREN
Address: 680 E SWEDESFORD RD
City-St-Zip: WAYNE, PA 19087 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN MULLANE

V

04/25/2010

Electronic Signature of Signing Officer or Director

Date