

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 044 ***158.75

DOCUMENT # F50372

1. Entity Name
SUNGARD PUBLIC SECTOR INC.



Principal Place of Business
**1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746**

Mailing Address
**1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2133858

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
GCEO
SANTOS, GILBERT O
1000 BUSINESS CENTER DR.
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Scott Doughman
680 E. Swedesford Rd
Wayne, PA 19087 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GCEO
LANGSTON, BRUCE E
680 EAST SWEDES FORD ROAD
WAYNE, PA 19087 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Daniel Conway
1000 Business Center Dr
Lake Mary, FL 32746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRUSH, LESLIE S
680 EAST SWEDES FORD ROAD
WAYNE, PA 19087 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Michael Combs
1000 Business Center Dr
Lake Mary, FL 32746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
HUBER, THOMAS
1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
C Slattery
680 E Swedesford Rd
Wayne, PA 19087 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
COLEMAN-KEATHLEY, CHRIS
1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Grant Harbin
1000 Business Center Dr
LAKE Mary, FL 32746 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPO
GOODROW, RONALD E
1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
James Brescia
1000 Business Center Dr
Lake Mary, FL 32746 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CC KEATHLEY 2/14/08 4073043147