

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000001760**

1. Entity Name

SUNGARD RECOVERY SERVICES INC.

Principal Place of Business

**1285 DRUMMERS LN.
SUITE 300
WAYNE PA 19087**

Mailing Address

**1285 DRUMMERS LN.
SUITE 300
WAYNE PA 19087**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2106195**

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 S. PINE ISLAND RD.
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SIMMONS, JAMES C	
STREET ADDRESS	1285 DRUMMERS LANE	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAASCHE, THEODORE J	
STREET ADDRESS	1285 DRUMMERS LANE	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOVELAND, PAUL D JR	
STREET ADDRESS	1285 DRUMMERS LANE	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSS, LAWRENCE A	
STREET ADDRESS	1285 DRUMMERS LN.	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUANE, MICHAEL J	
STREET ADDRESS	1285 DRUMMERS LN.	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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
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STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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 #

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90016 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)