

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003515

FILED
Jan 15, 2009
Secretary of State

Entity Name: SUNGARD HIGHER EDUCATION MANAGED SERVICES INC.

Current Principal Place of Business:

2300 MAITLAND CTR PKWY
STE 340
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2300 MAITLAND CTR PKWY
STE 340
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 23-2414968

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: P () Delete
Name: NADWORN, EDWARD M
Address: 2300 MAITLAND CTR PKWY., STE 340
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: BONTRAGER, KIMBERLEE J
Address: 2300 MAITLAND CTR PKWY., STE 340
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: BALTZER, JANELLE
Address: 2300 MAITLAND CTR PKWY., STE 340
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: GRAVES, WILLIAM
Address: 2300 MAITLAND CTR PKWY., STE 340
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: SIMMONS, CLEATOUS
Address: 2300 MAITLAND CTR PKWY., STE 340
City-St-Zip: MAITLAND, FL 32751

Title: VP () Delete
Name: MYERS, KEITH
Address: 2300 MAITLAND CTR PKWY., STE 340
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIRE (X) Change () Addition
Name: SILBEY, VICTORIA E
Address: 680 EAST SWEDES FORD RD
City-St-Zip: WAYNE, PA 19087

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBERLLE J. BONTRAGER

VP

01/15/2009

Electronic Signature of Signing Officer or Director

Date