2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2011
Secretary of State

DOCUMENT# F96000003515

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

OFFICERS AND DIRECTORS:

Title: CFO
Name: MILANA, JOHN A
Address: 4 COUNTRY VIEW ROAD
City-St-Zip: MALVERN, PA 19355

Title: VP
Name: MCCRACKEN, BRENT A
Address: 4 COUNTRY VIEW ROAD
City-St-Zip: MALVERN, PA 19355

Title: DIRE
Name: SILBEY, VICTORIA E
Address: 680 EAST SWEDESFORD RD
City-St-Zip: WAYNE, PA 19087

Title: DVP
Name: MULLANE, KAREN M
Address: 680 EAST SWEDESFORD RD
City-St-Zip: WAYNE, PA 19087

Title: DIR
Name: LANG, RONALD M
Address: 680 EAST SWEDESFORD RD
City-St-Zip: WAYNE, PA 19087

Title: VPAS
Name: MEAD, VALERIE L
Address: 4 COUNTRY VIEW ROAD
City-St-Zip: MALVERN, PA 19355

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: BRENT A MCCRACKEN VP 03/20/2011

Electronic Signature of Signing Officer or Director — Date