

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 024 ***150.00

DOCUMENT # F99000005943

1. Entity Name

BISYS SUPPORT SERVICES, INC.

040104



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3435 STELZER RD., STE 1000
COLUMBUS OH 43219-8026

Mailing Address
3435 STELZER RD., STE 1000
COLUMBUS OH 43219-6004

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2375558**
 Applied For
 Not Applicable

Zip Country Zip Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LANKFORD, RONALD	
STREET ADDRESS	3569 HABERSHAM AT NORTHLAKE	
CITY-ST-ZIP	TUCKER GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILLIAM, JOHN	
STREET ADDRESS	3435 STELZER RD., STE 1000	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELL, KEVIN	
STREET ADDRESS	15 CLOVE RD.	
CITY-ST-ZIP	LITTLE FALLS NJ	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEEHAN, DENNIS	
STREET ADDRESS	150 CLOVE RD	
CITY-ST-ZIP	LITTLE FALLS NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MANGUM, LYNN J	
STREET ADDRESS	150 CLOVE RD	
CITY-ST-ZIP	LITTLE FALLS NJ	
TITLE		<input type="checkbox"/> Delete
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

See Attachment

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: John P. Gilliam **4/27/00** **604-470-8306**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #