

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005943

1. Entity Name

BISYS PROFESSIONAL SERVICES, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90110 018 ***150.00

Principal Place of Business

3435 STELZER RD., STE 1000
COLUMBUS OH 43219-8026

Mailing Address

3435 STELZER RD., STE 1000
COLUMBUS OH 43219-8026

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 58-2375558

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LANKFORD, RONALD
STREET ADDRESS 3569 HABERSHAM AT NORTHLAKE
CITY-ST-ZIP TUCKER GA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME GILLIAM, JOHN
STREET ADDRESS 3435 STELZER RD., STE 1000
CITY-ST-ZIP COLUMBUS OH ☐ Delete

TITLE SENIOR VICE President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME DELL, KEVIN
STREET ADDRESS 15 CLOVE RD.
CITY-ST-ZIP LITTLE FALLS NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SHEEHAN, DENNIS
STREET ADDRESS 150 CLOVE RD
CITY-ST-ZIP LITTLE FALLS NJ ☐ Delete

TITLE EVP, CFO
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE CD
NAME MANGUM, LYNN J
STREET ADDRESS 150 CLOVE RD
CITY-ST-ZIP LITTLE FALLS NJ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Senior
Vice President

4/19/01

Date

614-470-7306

Daytime Phone #

CR2E034 (10/00)