2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000005238

1. Entity Name
SUNGARD BUSINESS SYSTEMS LLC

Principal Place of Business
104 INVERNESS CENTER PLACE
BIRMINGHAM, AL 35242

Mailing Address
104 INVERNESS CENTER PLACE
BIRMINGHAM, AL 35242

DO NOT WRITE IN THIS SPACE

03142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-1086117 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000869453
04/03/08-80050-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	S VP
NAME	BLACK, ALAN
STREET ADDRESS	104 INVERNESS CENTER PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	CFO
NAME	FOLEY, MICHAEL L
STREET ADDRESS	104 INVERNESS CENTER PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35242
TITLE	MGR
NAME	RUANE, MICHAEL J
STREET ADDRESS	680 E. SWEDESFORD ROAD
CITY-ST-ZIP	WAYNE, PA 19087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3.18.08 205. 437. 7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #