

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000006470

1. Entity Name
SUNGARD ASSET MANAGEMENT SYSTEMS LLC



Principal Place of Business

**40 GENERAL WARREN BOULEVARD, SUITE 200
MALVERN, PA 19355**

Mailing Address

**40 GENERAL WARREN BOULEVARD, SUITE 200
MALVERN, PA 19355**



04022008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-2889386

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**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCDUGALL, THOMAS J
680 E. SWEDESFORD ROAD
WAYNE, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RUANE, MICHAEL J
680 E. SWEDESFORD ROAD
WAYNE, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SILBEY, VICTORIA H
680 E. SWEDESFORD ROAD
WAYNE, PA 19087**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000942069
05/23/08-80006-003 138.75

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

James Randall S. James 4/23/08 (610) 251-6501