## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 29, 2007 8:00 am **Secretary of State** DOCUMENT # P08081 01-29-2007 90084 009 \*\*\*150.00 1. Entity Name SUNGARD HIGHER EDUCATION INC. Principal Place of Business Mailing Address **6476666** GREAT VALLEY CORPORATE CENTER **GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD** 4 COUNTRY VIEW ROAD MALVERN, PA 19355 MALVERN, PA 19355 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 23-2303679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 City 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. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO Assis. VP TITLE ☐ Change ➤ Addition Delete TITLE Michael J. Raun-CLARKE, ROBERT F NAME NAME 680 E. Sweder Ford Road STREET ADDRESS 4101 MAIN STREET, SUITE C STREET ADDRESS CITY-ST-ZIP HILTON HEAD ISLAND, SC 29926 CITY-ST-ZIP - PA -- , CEO TITLE TITLE Change ☐ Addition í. Delete NAME MADDOCKS, BIRAN NAME ocks, Brian 4 COUNTRY VIEW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MALVERN, PA 19355 CITY-ST-ZIP CFO TITLE ☐ Delete TITLE Change ☐ Addition SLATTERY, C NAME NAME 680 E. SUNDERSFORD RD. STREET ADDRESS STREET ADDRESS CITY+ST-ZIP WAYNE, PA 19087 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition COTTLE, JEFFREY N NAME NAME STREET ADDRESS 4 COUNTRY VIEW ROAD STREET ADDRESS MALVERN, PA 19355 CITY-ST-ZIP CITY-ST-ZIP + 4 Controller □ Change TITLE **VCFO** Delete TITLE Addition GATHMAN, DAVID J NAME NAME STREET ADDRESS 4 COUNTRY VIEW ROAD STREET ADDRESS CITY-ST-ZIF MALVERN, PA 19355 CITY-ST-7LP TITLE SVP Delete TITLE Change LACOUR, SUSAN J NAME NAME STREET ADDRESS 4 COUNTRY VIEW ROAD STREET ADDRESS MALVERN, PA 19355 CITY-ST-7IP 19333 12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

1114107

Daytime Phone #