

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000022536

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** SUNGUARD – SALAMONE SOLUTIONS INC.

**Current Principal Place of Business:**

8827 SPRINGTREE LAKES DR  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

10660 NW 21 CT  
SUNRISE, FL 33322 US

**Current Mailing Address:**

8827 SPRINGTREE LAKES DR  
SUNRISE, FL 33351 US

**New Mailing Address:**

10660 NW 21 CT  
SUNRISE, FL 33322 US

**FEI Number:** 26-4433812

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALAMONE, MICHAEL G  
8827 SPRINGTREE LAKES DR  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

SALAMONE, MICHAEL G  
10660 NW 21 CT  
SUNRISE, FL 33322 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/09/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SALAMONE, AMY  
Address: 10660 NW 21 CT  
City-St-Zip: SUNRISE, FL 33322 US

Title: VP  
Name: SALAMONE, MICHAEL  
Address: 10660 NW 21 CT  
City-St-Zip: SUNRISE, FL 33322 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL G SALAMONE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V.P.

04/09/2012

\_\_\_\_\_  
Date