2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27060

Entity Name: SUNGARD CORBEL INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1660 PRUDENTIAL DR JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** BOX 47470 JACKSONVILLE, FL 32247 FEI Number: 95-2845556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VERRE, DAVID 1660 PRUDENTIAL DRIVE US JACKSONVILLE, FL 32207 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 Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MACKANOS, DONALD Name: Name: 1660 PRUDENTIAL DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: Title: () Delete () Change () Addition HOFFMAN, CRAIG Name: Name: 1660 PRUDENTIAL DRIVE Address: Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition LOYD, MARTY Name: Name: 1660 PRUDENTIAL DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition VERRE, DAVID Name: Name: Address: 1660 PRUDENTIAL DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: Title: () Delete () Change () Addition DAVIS, T. RAY Name: Name: 1660 PRUDENTIAL DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition RUANE, MICHAEL Name: Name: 1660 PRUDENTIAL DR Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE:	DAVID VERRE	TV	04/28/2004
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