

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P35623 (8)

1. Corporation Name

SUNGARD TRUST SYSTEMS INC.



Principal Place of Business

5510 77 CENTER DRIVE  
CHARLOTTE NC 28224

Mailing Address

5510 77 CENTER DRIVE  
CHARLOTTE NC 28224

2. Principal Place of Business

2a. Mailing Address

P.O. Box 240882

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Charlotte, NC

Zip 28217

Country

Zip

28224-0882

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

09/23/1991

3a. Date of Last Report

01/25/1995

4. FEI Number

23-2139612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CLARKE, ROBERT F.  
STREET ADDRESS 5510 77 CENTER DRIVE  
CITY-ST-ZIP CHARLOTTE NC ☐ DELETE

TITLE V  
NAME MONROE, ALLISON D.  
STREET ADDRESS 5510 77 CENTER DRIVE  
CITY-ST-ZIP CHARLOTTE NC ☐ DELETE

TITLE SD  
NAME GROSS, LAWRENCE A.  
STREET ADDRESS 1285 DRUMMERS LANE  
CITY-ST-ZIP WAYNE PA ☐ DELETE

TITLE T  
NAME JEFFERSON, JERRY F.  
STREET ADDRESS 5510 77 CENTER DRIVE  
CITY-ST-ZIP CHARLOTTE NC ☐ DELETE

TITLE D  
NAME DOWD, PHILIP L.  
STREET ADDRESS 11 SALT CREEK LANE  
CITY-ST-ZIP HINSDALE IL ☐ DELETE

TITLE D  
NAME GATHMAN, DAVID D.  
STREET ADDRESS 1285 DRUMMERS LANE  
CITY-ST-ZIP WAYNE PA ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SUNGARD B-1 Jerry Jefferson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96

704/527-6300

Date

Daytime Phone

CR2E034 (12/95)