


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 P.O. BOX 240882 CHARLOTTE NC 28224-882 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New 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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	CLARKE, ROBERT F.		
STREET ADDRESS	5510 77 CENTER DRIVE		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	MONROE, ALLISON D.		
STREET ADDRESS	5510 77 CENTER DRIVE		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	GROSS, LAWRENCE A.		
STREET ADDRESS	1285 DRUMMERS LANE		
CITY-ST-ZIP	WAYNE PA		
TITLE	T	<input checked="" type="checkbox"/> DELETE	
NAME	JEFFERSON, JERRY F.		
STREET ADDRESS	5510 77 CENTER DRIVE		
CITY-ST-ZIP	CHARLOTTE NC		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DOWD, PHILIP L.		
STREET ADDRESS	11 SALT CREEK LANE		
CITY-ST-ZIP	HINSDALE IL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	RUANE, MICHAEL		
STREET ADDRESS	1285 DRUMMERS LANE		
CITY-ST-ZIP	WAYNE PA		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/23/1991	3a. Date of Last Report 03/26/1996
4. FEI Number 23-2139612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Allison D Monroe* *Allison D Monroe* 7-25-97 704-561-8264

CPPE034 (4/97)