

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90040 038 \*\*\*150.00

DOCUMENT # P35623

1. Corporation Name

SUNGARD TRUST SYSTEMS INC.

Principal Place of Business

5510 77 CENTER DRIVE  
CHARLOTTE NC 28224-28217

Mailing Address

P.O. BOX 240882  
CHARLOTTE NC 28224-882-  
US -0882



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1991

4. FEI Number

23-2139612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

24 28217 25

29 28224-0882 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME Allison D. Monroe  
2.3 STREET ADDRESS 5510 77 Center Drive  
2.4 CITY-ST-ZIP Charlotte NC 28217

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Donald Birdwell  
4.3 STREET ADDRESS 210 Automation Way  
4.4 CITY-ST-ZIP Birmingham, AL 3521

TITLE D ☐ DELETE  
NAME RUANE, MICHAEL  
STREET ADDRESS 1285 DRUMMERS LANE  
CITY-ST-ZIP WAYNE PA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME BUCHANAN, KENNETH  
STREET ADDRESS 5510 77 CENTER DR.  
CITY-ST-ZIP CHARLOTTE NC 28217

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)