

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90075 004 ***150.00

DOCUMENT # P35623

1. Entity Name

SUNGARD TRUST SYSTEMS INC.

Principal Place of Business

5510 77 CENTER DRIVE
 CHARLOTTE NC 28217

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2139612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **MONROE, ALLISON D**
 STREET ADDRESS **5510 77 CENTER DRIVE**
 CITY-ST-ZIP **CHARLOTTE NC 28217**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BIRDWELL, DONALD**
 STREET ADDRESS **210 AUTOMATION WAY**
 CITY-ST-ZIP **BIRMINGHAM AL 3521**

TITLE ☒ Change ☐ Addition
 NAME **Birdwell, Donald**
 STREET ADDRESS **104 Inverness Center Place**
 CITY-ST-ZIP **Birmingham, AL 35243**

TITLE **D** ☒ Delete
 NAME **RUANE, MICHAEL**
 STREET ADDRESS **1285 DRUMMERS LANE**
 CITY-ST-ZIP **WAYNE PA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **104 Inverness Center Place**
 CITY-ST-ZIP **Birmingham, AL 35243**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allison D Monroe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-00

Date

704-561-3264

Daytime Phone #

CR2E034 (9/99)