

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

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**



01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, ALLISON D 5510 77 CENTER DRIVE CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROSS, LAWRENCE A. 1285 DRUMMERS LANE WAYNE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BIRDWELL, DONALD 104 INVERNESS CENTER PLACE BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROOMS, DEBORAH 5510 77 CENTER DR CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000224722
02/11/05-00011-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah K Grooms, VP of Finance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/05
Date

(704) 561-8279
Daytime Phone #