

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P37065

(0)

1. Corporation Name

SUNGARD FINANCIAL SYSTEMS INC.

Principal Place of Business

**801 SECOND AVENUE SOUTH
HOPKINS MN 55343-7671**

Mailing Address

**801 SECOND AVENUE SOUTH
HOPKINS MN 55343-7671**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

02/08/1994

4. FEI Number

23-2585361

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**

9. This corporation has liability for intangible tax under S. 190.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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 the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	BRUCE, PETERSON D
STREET ADDRESS	1285 DRUMMERS LANE
CITY-ST-ZIP	WAYNE PA
TITLE	V
NAME	HOLTHUS, GEORGE A.
STREET ADDRESS	601 SECOND AVE., S.
CITY-ST-ZIP	HOPKINS MN
TITLE	CON
NAME	VADNER, SISAM /
STREET ADDRESS	601 SECOND AVE. SO.
CITY-ST-ZIP	HOPKINS MN
TITLE	VT
NAME	SENESECALL, LINDA M.
STREET ADDRESS	601 SECOND AVE., S.
CITY-ST-ZIP	HOPKINS MN
TITLE	V
NAME	MORRIS, HENRY M.
STREET ADDRESS	22134 SHERMAN WAY
CITY-ST-ZIP	CANOGA PARK CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	SLATTERY, C. JOSEPH
2.3 STREET ADDRESS	504 TOTTEN POND
2.4 CITY-ST-ZIP	WALTHAM, MA
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VADNER, SUSAN
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan Vadner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN VADNER

3/29/95
Date

612-936-8775
Daytime Phone