

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

FILED

Mar 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P37065 (0)**  
 1. Corporation Name  
**SUNGARD FINANCIAL SYSTEMS INC.**



Principal Place of Business <b>801 SECOND AVENUE SOUTH HOPKINS MN 55343-7671</b>	Mailing Address <b>801 SECOND AVENUE SOUTH HOPKINS MN 55343-7779</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/13/1992</b>	3a. Date of Last Report <b>02/28/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>23-2585361</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 % C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURATORE, MIKE</b>	1.2 NAME	
STREET ADDRESS	<b>LAUREL CORP CENTER, 8000 MIDLANTIC DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MT LAUREL NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLATTERY, C.JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>504 TOTTEN POND</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WALTHAM MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CON</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VADNER, SUSAN</b>	3.2 NAME	
STREET ADDRESS	<b>601 SECOND AVE. SO.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOPKINS MN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SENECALL, LINDA M.</b>	4.2 NAME	<b>SEC</b>
STREET ADDRESS	<b>601 SECOND AVE., S.</b>	4.3 STREET ADDRESS	<b>Lawrence A. Gross</b>
CITY-ST-ZIP	<b>HOPKINS MN</b>	4.4 CITY-ST-ZIP	<b>1285 Drummers Lane</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, HENRY M.</b>	5.2 NAME	
STREET ADDRESS	<b>22134 SHERMAN WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANOGA PARK CA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498871

CR2E034 (9/96)