

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37065

1. Entity Name

SUNGARD FINANCIAL SYSTEMS INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90149 009 ***150.00

Principal Place of Business

601 SECOND AVENUE SOUTH
HOPKINS MN 55343-7671

Mailing Address

601 SECOND AVENUE SOUTH
HOPKINS MN 55343-7779

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-2585361

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MURATORE, MIKE	
STREET ADDRESS	LAUREL CORP CENTER, 8000 MIDLANTIC DR	
CITY-ST-ZIP	MT LAUREL NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	SLATTERY, C.JOSEPH	
STREET ADDRESS	504 TOTTEN POND	
CITY-ST-ZIP	WALTHAM MA	
TITLE	CON	<input type="checkbox"/> Delete
NAME	VADNER, SUSAN	
STREET ADDRESS	601 SECOND AVE. SO.	
CITY-ST-ZIP	HOPKINS MN	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	GROSS, LAWRENCE A	
STREET ADDRESS	1285 DRUMMERS LANE	
CITY-ST-ZIP	WAYNE PA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruane, Michael	
STREET ADDRESS	1285 Drummers Lane	
CITY-ST-ZIP	Wayne, PA 19087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McGurran, Michael	
STREET ADDRESS	601 2nd Ave So	
CITY-ST-ZIP	Hopkins, MN 55343	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael McGurran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael McGurran

2.14.00

Date

612-935-3300

Daytime Phone #

CR2E034 (9/99)