

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90304 045 \*\*\*150.00

**DOCUMENT # P37065**

**1. Entity Name**  
**SUNGAARD FINANCIAL SYSTEMS INC.**

**Principal Place of Business**      **Mailing Address**  
**601 SECOND AVENUE SOUTH**      **601 SECOND AVENUE SOUTH**  
**HOPKINS MN 55343-7671**      **HOPKINS MN 55343-7671**

**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** **23-2585361**      **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

|                       |                            |                                 |
|-----------------------|----------------------------|---------------------------------|
| <b>TITLE</b>          | <b>D</b>                   | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RUANE, MICHAEL</b>      |                                 |
| <b>STREET ADDRESS</b> | <b>1285 DRUMMERS LANE</b>  |                                 |
| <b>CITY-ST-ZIP</b>    | <b>WAYNE PA 19087</b>      |                                 |
| <b>TITLE</b>          | <b>V</b>                   | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>SLATTERY, C.JOSEPH</b>  |                                 |
| <b>STREET ADDRESS</b> | <b>504 TOTTEN POND</b>     |                                 |
| <b>CITY-ST-ZIP</b>    | <b>WALTHAM MA</b>          |                                 |
| <b>TITLE</b>          | <b>CON</b>                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>MCGURAN, MICHAEL</b>    |                                 |
| <b>STREET ADDRESS</b> | <b>601 SECOND AVE. SO.</b> |                                 |
| <b>CITY-ST-ZIP</b>    | <b>HOPKINS MN 55343</b>    |                                 |
| <b>TITLE</b>          | <b>SEC</b>                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>GROSS, LAWRENCE A</b>   |                                 |
| <b>STREET ADDRESS</b> | <b>1285 DRUMMERS LANE</b>  |                                 |
| <b>CITY-ST-ZIP</b>    | <b>WAYNE PA</b>            |                                 |
| <b>TITLE</b>          |                            | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                            |                                 |
| <b>STREET ADDRESS</b> |                            |                                 |
| <b>CITY-ST-ZIP</b>    |                            |                                 |
| <b>TITLE</b>          |                            | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                            |                                 |
| <b>STREET ADDRESS</b> |                            |                                 |
| <b>CITY-ST-ZIP</b>    |                            |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |   |
|-----------------------|---|
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |

**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:**

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

**Date**

**Daytime Phone #**

2/2/01

952-935-3300

CR2E034 (10/00)