


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P37065 1. Entity Name SUNGARD FINANCIAL SYSTEMS INC.	
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Principal Place of Business 601 SECOND AVENUE SOUTH HOPKINS, MN 55343-7671	Mailing Address 601 SECOND AVENUE SOUTH HOPKINS, MN 55343-7671
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02092005 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2585361	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUANE, MICHAEL 680 E SWEDES FORD RD. WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CON THORSEN, MARC 601 SECOND AVE. SO. HOPKINS, MN 55343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GROSS, LAWRENCE A 680 E SWEDES FORD RD. WAYNE, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRONSTEIN, ANDREW 680 E SWEDES FORD RD. WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/04/05-80017-016 150.00

**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)(f), 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:  2/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #