2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2014
Secretary of State
CC3838805373

DOCUMENT# F50372

Entity Name: SUNGARD PUBLIC SECTOR INC.

Current Principal Place of Business:

1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746

Current Mailing Address:

1000 BUSINESS CENTER DRIVE
LAKE MARY, FL 32746

FEI Number: 59-2133858

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT, CEO
Name	BORMAN, MICHAEL J
Address	1000 BUSINESS CENTER DR.
City-State-Zip:	LAKE MARY FL 32746

Title	DIRECTOR
Name	BRUSH, LESLIE S
Address	680 EAST SWEDESFORD ROAD
City-State-Zip:	WAYNE PA 19087

Title	VP
Name	BRESCIA, JAMES E
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	PRATT, STEVE
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	COLEMAN, CHRIS
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	MACAU, JILLIAN
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	CONTROLLER
Name	NEUMANN, LISA M
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	PERKEY, RAY
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA NEUMANN CONTROLLER 04/08/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	VP
Name	LAFEBER, KEVIN
Address	1000 BUSINESS CENTER DRIVE
City-State-Zip:	LAKE MARY FL 32746

Title	VP
Name	MADEA, DAVE
Address	3 WEST BROAD ST, SUITE 1
City-State-Zip:	BETHLEHEM PA 18018

Title	VP
Name	BOYLE, TIMOTHY
Address	680 EAST SWEDESFORD ROAD
City-State-Zip:	WAYNE PA 19087

Title	DIRECTOR
Name	SILBEY, VICTORIA
Address	680 EAST SWEDESFORD ROAD
City-State-Zip:	WAYNE PA 19087

Title	PRESIDENT
Name	PEPPER, GEORGE
Address	3 WEST BROAD ST, SUITE 1
City-State-Zip:	BETHLEHEM PA 18018

Title	VP
Name	BRUZGO, BRONNE
Address	3 WEST BROAD ST, SUITE 1
City-State-Zip:	BETHLEHEM PA 18018

Title	TAX OFFICER
Name	FRIEND, BRIAN
Address	680 EAST SWEDESFORD ROAD
City-State-Zip:	WAYNE PA 19087

Title	ASST. SECRETARY
Name	MILLER, HENRY
Address	680 EAST SWEDESFORD ROAD
City-State-Zip:	WAYNE PA 19087