

1.) CORPORATION NAME:

SunGard Public Sector Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1633546**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 BUSINESS CTR DR

CITY/ST/ZIP: LAKE MARY, FL 32746-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LESLIE S BRUSH
TITLE: SECRETARY
ADDRESS: 680 E SWEDESFORD RD
CITY/ST/ZIP/CO: WAYNE, PA 19087-

OFFICER

DIRECTOR

NAME: GILBERT O SANTOS
TITLE: CEO
ADDRESS: 1000 BUSINESS CENTER DRIVE
CITY/ST/ZIP/CO: LAKE MARY, FL 32746-

OFFICER

DIRECTOR

NAME: DANIEL CONWAY
TITLE: VICE PRESIDENT
ADDRESS: 1000 BUSINESS CENTER DRIVE
CITY/ST/ZIP/CO: LAKE MARY, FL 32746-

OFFICER

DIRECTOR

NAME: STEVEN PRATT
TITLE: VICE PRESIDENT
ADDRESS: 1000 BUSINESS CENTER DRIVE
CITY/ST/ZIP/CO: LAKE MARY, FL 32746-

OFFICER

DIRECTOR

NAME: JAMES BRESCIA
TITLE: VICE PRESIDENT
ADDRESS: 1000 BUSINESS CENTER DRIVE
CITY/ST/ZIP/CO: LAKE MARY, FL 32746-

OFFICER

DIRECTOR

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	VICTORIA HARRISON	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 BUSINESS CENTER DRIVE	
CITY/ST/ZIP/CO:	LAKE MARY, FL 32746-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JILLIAN MACAU	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 BUSINESS CENTER DRIVE	
CITY/ST/ZIP/CO:	LAKE MARY, FL 32746-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ERIC G ERICKSON	
TITLE:	ASST SECRETARY	
ADDRESS:	680 EAST SWEDES FORD ROAD	
CITY/ST/ZIP/CO:	WAYNE, PA 19087-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	KAREN M. MULLANE	
TITLE:	ASST SECRETARY	
ADDRESS:	680 E SWEDES FORD ROAD	
CITY/ST/ZIP/CO:	WAYNE, PA 19087-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	VICTORIA E SILBEY	
TITLE:	ASST SECRETARY	
ADDRESS:	680 EAST SWEDES FORD ROAD	
CITY/ST/ZIP/CO:	WAYNE, PA 19087-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHRIS COLEMAN	
TITLE:	VICE PRESIDENT	
ADDRESS:	1000 BUSINESS CTR DR	
CITY/ST/ZIP/CO:	LAKE MARY, FL 32746-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CHRIS COLEMAN	CHRIS COLEMAN, VICE	6/30/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE
	PRINTED NAME AND CORPORATE TITLE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.