

1.) CORPORATION NAME:

SunGard Public Sector Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1633546**

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.

<p>NAME: JAMES BRESCIA TITLE: VICE PRESIDENT ADDRESS: 1000 BUSINESS CENTER DRIVE CITY/ST/ZIP/CO: LAKE MARY, FL 32746</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRIS COLEMAN TITLE: VICE PRESIDENT ADDRESS: 1000 BUSINESS CTR DR CITY/ST/ZIP/CO: LAKE MARY, FL 32746</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JILLIAN MACAU TITLE: VICE PRESIDENT ADDRESS: 1000 BUSINESS CENTER DRIVE CITY/ST/ZIP/CO: LAKE MARY, FL 32746</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVEN PRATT TITLE: VICE PRESIDENT ADDRESS: 1000 BUSINESS CENTER DRIVE CITY/ST/ZIP/CO: LAKE MARY, FL 32746</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LESLIE S BRUSH TITLE: SECRETARY ADDRESS: 680 E SWEDESFORD RD CITY/ST/ZIP/CO: WAYNE, PA 19087</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: VICTORIA E SILBEY TITLE: ASST SECRETARY ADDRESS: 680 EAST SWEDESFORD ROAD CITY/ST/ZIP/CO: WAYNE, PA 19087</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Michael Borman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1000 Business Center Dr		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Lisa Neumann	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Controller		
ADDRESS:	1000 Business Center Dr		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Ray Perkey	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 Business Center Dr		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Kevin Lafeber	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1000 Business Center Dr		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	George Pepper	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO K12		
ADDRESS:	3 West Broad St. Suite 1		
CITY/ST/ZIP/CO:	Bethlehem, PA 18018		
NAME:	Dave Madea	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3 West Broad St. Suite 1		
CITY/ST/ZIP/CO:	Bethlehem, PA 18018		
NAME:	Bronne Bruzgo	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3 West Broad St. Suite 1		
CITY/ST/ZIP/CO:	Bethlehem, PA 18018		
NAME:	Timothy Boyle	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	680 East Swedesford Rd		
CITY/ST/ZIP/CO:	Wayne, PA 19087		
NAME:	Brian Friend	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	680 East Swedesford Rd		
CITY/ST/ZIP/CO:	Wayne, PA 19087		
NAME:	Henry Miller	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	680 East Swedesford Rd		
CITY/ST/ZIP/CO:	Wayne, PA 19087		

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/ Lisa Neumann	Lisa Neumann, Controller	5/27/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.