

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213553499
------------------	---	-----------

1.) CORPORATION NAME: SunGard Data Systems Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: DE	DUE DATE: 9/30/2013 SCC ID NO: F1642083 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 680 E SWEDESFORD RD
 CITY/ST/ZIP: WAYNE, PA 19087

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: RUSSELL FRADIN TITLE: P/CEO ADDRESS: 340 MADISON AVE, 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10173	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
---	---	-----------------------------------	--

NAME: HENRY MILLER TITLE: VP/T ADDRESS: 680 E SWEDESFORD RD CITY/ST/ZIP/CO: WAYNE, PA 19087	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--	---	-----------------------------------	--

NAME: KAREN M MULLANE TITLE: VP/CONT ADDRESS: 680 E SWEDESFORD ROAD CITY/ST/ZIP/CO: WAYNE, PA 19087	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--	---	-----------------------------------	--

NAME: CHARLES NERAL TITLE: CFO/SR VP ADDRESS: 681 E SWEDESFORD ROAD CITY/ST/ZIP/CO: WAYNE, PA 19087	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--	---	-----------------------------------	--

NAME: GLENN H HUTCHINS TITLE: CHRMN OF BOARD ADDRESS: 680 E SWEDESFORD ROAD CITY/ST/ZIP/CO: WAYNE, PA 19087	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
--	----------------------------------	--	--

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/ KAREN M MULLANE	KAREN M MULLANE, VP/CONT	11/5/2013
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.