



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

STAMP

2020 JUL 16 PM 2:11

1. Entity ID Number 000986158		2. Exact name of the Corporation Sungard Availability Services Capital, Inc.			
3. Principal Office Address 680 E. Swedesford Road			City Wayne	State PA	Zip 19087
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Data Processing			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name Thomas Wellman		
Street Address			Street Address 680 E. Swedesford Rd.		
City	State	Zip	City Wayne	State PA	Zip 19087
Secretary Name William Price			Treasurer Name Thomas Wellman		
Street Address 680 E. Swedesford Rd.			Street Address 680 E. Swedesford Rd.		
City Wayne	State PA	Zip 19087	City Wayne	State PA	Zip 19087
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE	
		1	Common	.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Thomas Wellman				Date 15 July 2020	
Signature of Authorized Representative <i>Thomas O. Wellman</i>					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY *Ch EXWF2*

FORM 630 - Revised: 10/2017

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