



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 25899		2. Name of Corporation BISYS Retirement Solutions, Inc.		
3. Street Address Principal Business Office 4135 N. Front St.		City Harrisburg	State PA	Zip 17110
4. Business Phone No. (717) 652-0789		5. State of Incorporation MN		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert Guillocheau		Vice President Name Michael R Folmer		
Street Address 200 Dryden Rd.		Street Address 4135 North Front Street		
City Dresher	State PA	Zip 19025	City Harrisburg	State PA
Secretary Name Ellen R Dunkin		Treasurer Name Michael Finn		
Street Address 109 Water Street, 28th Fl.		Street Address 200 Dryden Rd.		
City New York	State NY	Zip 10038	City Dresher	State PA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Andrew P Forstener		Director Name Scott H Parnell		
Street Address 7557 Rambler Rd.		Street Address 105 Eisenhower Parkway		
City Dallas	State TX	Zip 75231	City Roseland	State NJ
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
		Number of Shares ZERO	Class/Series	Par Value

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CORPORATIONS DIVISION  
STATE OF RHODE ISLAND

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.

**FILED**

File Date \_\_\_\_\_

Check No. OCT 24 2011

By: CL 155102 11:09

FOR SECRETARY OF STATE USE ONLY

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.

Michael R. Folmer 10-10-11  
Signature Date

Michael R. Folmer  
Print or Type Name

Vice President  
Title