

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

subject to a penalty fee of \$25.00.					. , //	
1. Corporate ID No.	2. Name of Corporation					
125899	25899 BISYS Retirement Solutions Inc.					
3. Street Address Principal Business C)[[lce	<u> </u>	City	State	Zip	
14135 N Fr	out St.		Harrisburg	57	liruo	
4, Business Phone No.		5. State of Incorporation	, , ,	<u> </u>	<u> </u>	
(717) 657-0	789		WW '			
6. Brief Description of the Character of	of Business Conducted in F	Bode Island	17 4			
7. NAMES AND ADDRESSES	OF THE OFFICERS-	C"X" ROX FOR ATTA	CHMENT) [] FILL IN SPACE	S REFORE USING ATT	ACHMENTS	
President Name	OI IIII OIIICERO	(I DON TON MITTING	CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
			Middael P. Co			
Koloer+ Guillocheau			MCMELE FOLMET			
Street Address	10-01		Street Address			
DOO DING	icu kar		4155 North Front Street			
CID	State	Zip 1000 > C	City	State C	Zip	
DUZUK	1 20	J 19025	HOV USBULG	1 14+		
Secretary Name	-		Treasurer Name			
Ellen KD	ωk_{ω}		Michael Fine			
Street Address			Street Address			
199 Water	Street.	38.411 FI.	200 Druc	ten (2d.		
City	State	Zip	City	Stale	Zip	
NOW YOK	NY	10028	Doeshor	I PA	19025	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S. ("X" BOX FOR ATT	ACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
Director Name			Director Name			
Andrew P	FORSTENZE	~	- Milliam Chamison			
Street Address	1112 121 12		Street Address			
7557 Ramb	Jor Od.		105 Eigent	NOWER Pad	Cular	
City	State	Zip	City	State	7/0	
Milone	TV	75321	Prolond	111	F721.0	
Director Name	1	15.4525.531	Director Name	T	T.WV.CX6.CD	
			Director rame			
Street Address					·	
Street Address			Street Address			
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Clty	State	Zip	City	State	Zip 😅 👵	
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9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION	MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Valde	
State. Changes require an additional filing. See Section 9 of			2-20			
instruction sheet.			IZERU		≥ 5 3 2	
					3 3 3	
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 tastee,						
this report must be executed of	on behalf of the corn	oration by the receiver of	or trustee.	and a m mo names of a	Tecepres of Hashee,	
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			The day a smaller of a substant	Take alone and agent and agent	1	

	FILED
File Date	
Check No.	OCT 2 4 2011
Bv:	a- 155102 11:09
J.A.	FOR SECRETARY OF STATE USE ONLY

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Signature		Date
Michael	Robolner	-
Print or Type Name		
Vice Pres	trabi	
Tirle		· · · · · · · · · · · · · · · · · · ·