


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 013 ***150.00

DOCUMENT # F06000004795	
1. Entity Name SAP RETAIL, INC.	

Principal Place of Business 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073	Mailing Address 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40053164



03262007 Chg-P CR2E034 (12/06)

4. FEI Number 57-0407321		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MCDERMOTT, BILL 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Newtown Square
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDERMOTT, BILL 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Newtown Square
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WHITE, MARK 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CFO and Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGRATH, JOHN 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Newtown Square
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUBAKER, BRAD 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Newtown Square
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOCK, ELIZABETH 3999 WEST CHESTER PIKE NEWTON SQUARE, PA 19073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Heck Newtown Square

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth D. Heck **Elizabeth D. Heck** 3/29/2007 610-661-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #