

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90367 022 ***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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Newtown Square
Zip Country

Newtown Square
Zip Country



04032008

Chg-P

CR2E034 (12/06)

4. FEI Number
57-0407321

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	MCDERMOTT, BILL	
STREET ADDRESS	3999 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTON SQUARE, PA 19073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDERMOTT, BILL	
STREET ADDRESS	3999 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTON SQUARE, PA 19073	
TITLE	CFOD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, MARK	
STREET ADDRESS	3999 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTON SQUARE, PA 19073	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGRATH, JOHN	
STREET ADDRESS	3999 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTON SQUARE, PA 19073	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUBAKER, BRAD	
STREET ADDRESS	3999 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTON SQUARE, PA 19073	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HOCK, ELIZABETH	
STREET ADDRESS	3999 WEST CHESTER PIKE	
CITY-ST-ZIP	NEWTON SQUARE, PA 19073	

TITLE	CEOPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Tomb	
STREET ADDRESS	3999 West Chester Pike	
CITY-ST-ZIP	Newtown Square, PA 19073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosalind Lehman	
STREET ADDRESS	3999 West Chester Pike	
CITY-ST-ZIP	Newtown Square, PA 19073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECK, ELIZABETH	
STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2008

Date

610-661-1000

Daytime Phone #