

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004795

Entity Name: SAP RETAIL, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

3999 WEST CHESTER PIKE
NEWTON SQUARE, PA 19073

New Principal Place of Business:

Current Mailing Address:

3999 WEST CHESTER PIKE
NEWTON SQUARE, PA 19073

New Mailing Address:

3999 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073

FEI Number: 57-0407321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
3999 WEST CHESTER PIKE
NEWTOWN SQUARE, FL 19073 US

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.

SIGNATURE:

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: TOMB, GREG
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: D () Delete
Name: MCDERMOTT, BILL
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: CFOD () Delete
Name: LEHMAN, ROSALIND
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: T () Delete
Name: MCGRATH, JOHN
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: S () Delete
Name: BRUBAKER, BRAD
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: AS () Delete
Name: HECK, ELIZABETH
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP (X) Change () Addition
Name: ENSLIN, ROBERT
Address: 3999 WEST CHESTER PIKE
City-St-Zip: NEWTOWN SQUARE, PA 19073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH D. HECK

AS

04/27/2009

Electronic Signature of Signing Officer or Director

Date