

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F95000002620

1. Entity Name
SAP AMERICA, INC.



Principal Place of Business
3999 WEST CHESTER PK
NEWTOWN SQUARE, PA 19073

Mailing Address
FAYE PELLICCIARO/ SAP
3999 WEST CHESTER PK
NEWTOWN SQUARE, PA 19073

DO NOT WRITE IN THIS SPACE

**FILED
Jan 30, 2006 8:00 am
Secretary of State**

01-30-2006 90051 025 ***150.00



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-3556041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 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

TITLE CEOP
NAME McDERMOTT, WILLIAM
STREET ADDRESS 3999 W. CHESTER PIKE
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE CFO
NAME WHITE, MARK
STREET ADDRESS 3999 W. CHESTER PIKE
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE CS
NAME BRUBAKER, BRAD
STREET ADDRESS 3999 W. CHESTER PIKE
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE ACS
NAME HECK, ELIZABETH D
STREET ADDRESS 3999 W. CHESTER PIKE
CITY-ST-ZIP NEWTOWN SQUARE, PA 19073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

1/17/2006 610-661-2187
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR