2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003021

Entity Name: SAP INTERNATIONAL, INC.

FILED Apr 27, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
5301 BLUE LAGOON DR., SUITE 790 MIAMI, FL 33126 US				5301 BLUE LAGOON DR., SUITE 790 MIAMI, FL 19073 US			
Current Mailing Address:				New Mailing Address:			
C/O FAYE PELLICCIARO/SAP 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 US				3999 WEST CHESTER PIKE 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 US			
FEI Number:	23-2852543	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate	of Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Regist	ered Agent:
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324			3999 WES	ORATION SY T CHESTER N SQUARE, I	PIKE	US
	named entity s e of Florida.	ubmits this statement for the p	urpose c	of changing i	ts registered	office or regi	istered agent, or both,
SIGNATURE:				04/27/2009			
	Electron	c Signature of Registered Age	nt			Da	ite
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MCDERMOTT, I 3999 W. CHEST			Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	DUARTE, JOSE 3999 WEST CH			Title: Name: Address: City-St-Zip:	CCP () WHITE, MARK 3999 WEST C NEWTOWN S	HESTER PIKE	:
Title: Name: Address: City-St-Zip:	BRUBAKER, BR 3999 WEST CH			Title: Name: Address: City-St-Zip:	() Change().	Addition
Title: Name: Address: City-St-Zip:	HECK, ELIZABE 3999 W. CHEST			Title: Name: Address: City-St-Zip:	() Change()	Addition
Title: Name: Address: City-St-Zip:	MCDERMOTT, E 3999 W. CHEST			Title: Name: Address: City-St-Zip:	() Change()	Addition

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 ACS 04/27/2009