PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90181 003 ***158.75

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Place	of Business	Mailing Add	ress		•		1 184114 8 1118 151	#1 8 #8 8			
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						f	3. Date Incorporated	or Qualifed			
							06/01/1998				
Principal Pl	ace of Business	2a. Maiting	- (Ma 1 morth D ACAR				4. FEI Number		_	Applie	
		26 90H					<u>54-1865804</u>				plicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5, Certifcate of Statu	s Desired		5 Addi Requir	
City & State	SAP AMERICA, INC.	_	City & State SAP AMERICA, INC.				6. Election Campaign	- Einancing		00 ма	
City & 339	99 WEST CHESTER PIKE	<u> </u>	3999 WEST CHESTER PIKE			ļ	Trust Fund Contri	- 11	•	ed to F	• 1
Zip NEW	TOWN SQUARE, PA 19073	Zip N	EWTOWN SQUA	IRE PA	_{ry} 1907 3	~	8. This corporation of		Intangible		
	25	29	30	5		}	Personal Property	=	Yes		No
	9. Name and Address of Currer	nt Registered Ago	ent				10. Name and Addre	ss of New Register	ed Agent		
0.7	CORPORATION CVOTTA			8	1 Name						
	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD					Addres	s (P.O. Box Number is	Not Acceptable)			
	ITATION FL 33324										
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				8	4 City				EL 85 2	ip Cod	e
	to the provisions of Sections 607.050	1007 4500	71. 24. 04.44	45-2-5-2			ation submits this state	-		ite ron	ictored
office or re	to the provisions of Sections 507.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such o	hange was auth	orized to	y the corpo	oration'	's board of directors. I	hereby accept the ap	pointment a	s registe	ered
GMAŢURF	Signature, typed or printed name of registered age	t and this if and sable	(NOTE: Pe	nictored Ac	ont tianoture t	Couried W	hen reinstating)	DATE			
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TT ADDRESS	1561 YELLOW SPRINGS ROAD)		1.3 STRE	ET ADDRESS						
-ST-ZIP	MALVERN PA 19355			14 CITY	-ST-ZIP						
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4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

REET ADDRESS