

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003087

1. Entity Name

SAP PUBLIC SECTOR AND EDUCATION, INC.

FILED

Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90094 045 ***150.00

Principal Place of Business Mailing Address
701 LEE ROAD C/O A.J. TABASCO-SAPP AMERICA, INC.
WAYNE PA 19087 3999 W. CHESTER PIKE
NEWTON SQUARE PA 19073-2305
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3999 West Chester Pike Suite, Apt. #, etc.

City & State City & State
newtown square, PA Zip Country
19073 USA

4. FEI Number 54-1865804 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	Board member - VP officer	☐ Change ☒ Addition
NAME	SALVUCCI, ROBERT		NAME	Pavi, melgiri	
STREET ADDRESS	1561 YELLOW SPRINGS ROAD		STREET ADDRESS	3701 Lake Halloway	
CITY-ST-ZIP	MALVERN PA 19355		CITY-ST-ZIP	Plano, TX 75093	
TITLE	D	☒ Delete	TITLE	Board member - VP officer	☐ Change ☒ Addition
NAME	BORCHERS, LOUIS S		NAME	Barbara Rivera	
STREET ADDRESS	475 WATER SHADOW LANE		STREET ADDRESS	33 Downing Lane	
CITY-ST-ZIP	ALPHARETTA GA 30202		CITY-ST-ZIP	Uorhees, NJ 08043	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HANSS, MARYBETH		NAME		
STREET ADDRESS	815 ROBERT DEAN DR.		STREET ADDRESS		
CITY-ST-ZIP	DOWINGTOWN PA 19335		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Beth Hanss 4/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #