


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 014 ***150.00

DOCUMENT # F98000003087 1. Entity Name SAP PUBLIC SERVICES, INC.	
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Principal Place of Business 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 US	Mailing Address C/O F. PELLICCIARO /SAP 3999 W. CHESTER PIKE NEWTOWN SQUARE, PA 19073 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1865804	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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	CS HANSS, MARYBETH 3999 WEST CHESTER DRIVE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLAZER, RAND 3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ACS HECK, ELIZABETH D 3999 WEST CHESETR PIKE NEWTOWN SQUARE, PA 19073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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** 3/29/2007 610-661-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #