

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90367 021 ***150.00

DOCUMENT # F98000003087

1. Entity Name
SAP PUBLIC SERVICES, INC.



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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032008 Chg-P CR2E034 (12/06)

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. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CS
HANSS, MARYBETH
3999 WEST CHESTER DRIVE
NEWTOWN SQUARE, PA 19073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3999 West Chester Pike

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BLAZER, RAND
3999 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
Pat Bakey
1300 Pennsylvania Ave. NW, Suite 600
Washington, DC 20004**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ACS
HECK, ELIZABETH D
3999 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

4/19/2008

610-661-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #