## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003087

Entity Name: SAP PUBLIC SERVICES, INC.

FILED Apr 27, 2009 Secretary of State

US

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3999 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 US

Current Mailing Address: New Mailing Address:

C/OF. PELLICCIARO /SAP
3999 W. CHESTER PIKE
3999 W. CHESTER PIKE
NEWTON SQUARE, PA 19073 US
3999 W. CHESTER PIKE
NEWTOWN SQUARE, PA 19073

FEI Number: 54-1865804 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324 US

C T CORPORATION SYSTEM

3999 WEST CHESTER PIKE

NEWTOWN SQUARE, FL 19073 US

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: 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CS () Delete Title: () Change () Addition

 Name:
 HANSS, MARYBETH
 Name:

 Address:
 3999 W CHESTER PIKE
 Address:

 City-St-Zip:
 NEWTOWN SQUARE, PA 19073
 City-St-Zip:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name: BAKEY, PAT Name: BAKEY, PAT

Address: 1300 PENNSYLAVANIA AVE, NW STE 600 Address: 1300 PENNSYLAVANIA AVE, NW STE 600

City-St-Zip: WASHINGTON, DC 20004 City-St-Zip: WASHINGTON, DC 19073

Title: ACS ( ) Delete Title: ACS (X) Change ( ) Addition

Name:HECK, ELIZABETH DName:HECK, ELIZABETH DAddress:3999 WEST CHESETR PIKEAddress:3999 WEST CHESTER PIKECity-St-Zip:NEWTOWN SQUARE, PA 19073City-St-Zip:NEWTOWN SQUARE, PA 19073

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