2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001731

FILED May 05, 2011 Secretary of State

Entity Name: MID-ATLANTIC SUNGARD PUBLIC SECTOR USERS' GROUP ASSOCIATION, INC.

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

1437 AMELIA STREET
ORANGEBURG, SC 29115
23115 LEONARD HALL DRIVE
GOVERNEMENTAL CENTER
LEONARDTOWN, MD 20650

Current Mailing Address: New Mailing Address:

C/O TERRI J. MYERS 23115 LEONARD HALL DRIVE, PO BOX 653 P O DRAWER 9000 C/O WILLIAM B CEASE

ORANGEBURG, SC 29116 LEONARDTOWN, MD 20650

FEI Number: 56-2189458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: CAMPBELL, SUSAN A

Address: ST MARYS CNTY GOVT, PO BOX 653 City-St-Zip: LEONARDTOWN, MD 20650

Title: VP

Name: LINKER, LISA

Address: CITY OF CONCORD, PO BOX 308

City-St-Zip: CONCORD, NC 28025

Title: T

Name: CEASE, WILLIAM B

Address: ST MARYS CNTY GOVT, PO BOX 653

City-St-Zip: LEONARDTOWN, MD 20650

Title:

Name: BARKE, DAVID

Address: YORK-POWUOSON SHERIFFS OFFICE, PO BOX 99

City-St-Zip: YORKTOWN, VA 23690

Title:

Name: BRYANT, JIMMY

Address: PITT COUNTY, 1717 W. FIFTH STREET

City-St-Zip: GREENVILLE, NC 27834

Title: PP

Name: JACOBS, STEPHANIE

Address: CITY OF WILMIGNTON, PO BOX 1810

City-St-Zip: WILMINGTON, NC 28402

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM B CEASE T 05/05/2011