

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001731

FILED  
May 02, 2012  
Secretary of State

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

**Current Principal Place of Business:**

23115 LEONARD HALL DRIVE  
GOVERNMENTAL CENTER  
LEONARDTOWN, MD 20650

**New Principal Place of Business:**

23115 LEONARD HALL DRIVE  
GOVERNMENTAL CENTER  
LEONARDTOWN, MD 20650

**Current Mailing Address:**

23115 LEONARD HALL DRIVE, PO BOX 653  
C/O WILLIAM B CEASE  
LEONARDTOWN, MD 20650

**New Mailing Address:**

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: P  
Name: LINKER, LISA  
Address: CITY OF CONCORD, PO BOX 308  
City-St-Zip: CONCORD, NC 28025

Title: VP  
Name: REECE, SANDRA L  
Address: CITY OF THOMASVILLE, PO BOX 368  
City-St-Zip: THOMASVILLE, NC 27361

Title: T  
Name: CEASE, WILLIAM B  
Address: ST MARYS CNTY GOVT, PO BOX 653  
City-St-Zip: LEONARDTOWN, MD 20650

Title: S  
Name: BARKE, DAVID  
Address: YORK-POWUOSON SHERIFFS OFFICE, PO BOX 99  
City-St-Zip: YORKTOWN, VA 23690

Title: PP  
Name: CAMPBELL, SUSAN A  
Address: ST MARYS COUNTY GOVT, PO BOX 653  
City-St-Zip: LEONARDTOWN, MD 20650

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

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05/02/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date