## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000002610

FILED Apr 10, 2009 Secretary of State

Entity Name: NORTHEAST SUNGARD PUBLIC SECTOR USERS' GROUP ASSOCIATION, INC.

	Current Principal Place of Business:			New Principal Place of Business:  1471 HIGHLAND AVENUE	
50 SOUTH MAIN STREET WEST HARFORD, CT 06107					
WEST HA	RFORD, CT	06107	NEEDHAM, M.	A 02492	
Current Mailing Address: 50 SOUTH MAIN STREET WEST HARFORD, CT 06107			New Mailing	New Mailing Address:  1471 HIGHLAND AVENUE NEEDHAM, MA 02492	
WESTIA	RI ORD, CT	00107	NEEDI IAIVI, IVI.	4 024 <del>3</del> 2	
FEI Number	: 06-1627608	FEI Number Applied For ( )	FEI Number Not Applicab	le ( ) Certificate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and Ad	dress of New Registered Agent:	
1200 SOU	ORATION SY TH PINE ISLA ION, FL 3332	AND ROAD			
	e named entity e of Florida.	submits this statement for the	purpose of changing its re	egistered office or registered agent, or both,	
SIGNATUI		onia Signatura of Dagistarad Ag	ont	Data	
OFFICED	S AND DIRE	onic Signature of Registered Ag		Date  HANGES TO OFFICERS AND DIRECTOR	
Title:	S ( DIGIUSEPPE	) Delete CHERYI	Title: Name:	( ) Change ( ) Addition	
Name: Address: City-St-Zip:		/TUCKET 137, ROOSEVELT AVE	Address: City-St-Zip:		
Address:	CITY OF PAW PAWTUCKET	/TUCKET 137, ROOSEVELT AVE , RI 02860 ) Delete AHAM AVE	Address:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address:	CITY OF PAW PAWTUCKET D ( COLON, ABR, 111 BUTTON NEW HAVEN,	/TUCKET 137, ROOSEVELT AVE , RI 02860  ) Delete AHAM AVE CT 06519  ) Delete EO, STEVE T	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN M. PONESS D 04/10/2009