

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002610

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1471 HIGHLAND AVENUE  
NEEDHAM, MA 02492

**New Principal Place of Business:**

**Current Mailing Address:**

1471 HIGHLAND AVENUE  
NEEDHAM, MA 02492

**New Mailing Address:**

**FEI Number:** 06-1627608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: S  
Name: PONESS, EVELYN  
Address: TOWN OF NEEDHAM, 1471 HIGHLAND AVE  
City-St-Zip: NEEDHAM, MA 02492

Title: D  
Name: BOUTILIER, DAN  
Address: CITY OF PORTLAND, 389 CONGRESS ST  
City-St-Zip: PORTLAND, ME 04101

Title: D  
Name: MARISAH, POTKALESKY  
Address: PASSAIC VALLEY WATER DISTRICT, 1525 MAIN A  
City-St-Zip: CLIFTON, NJ 07011

Title: D  
Name: ROBIN, BLENDT  
Address: TOWN OF SMYRNA, PO BOX 307  
City-St-Zip: SMYRNA, DE 19977

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: EVELYN M PONESS

MS

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date