2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2012
Secretary of State

DOCUMENT# P31563

Entity Name: SAS INSTITUTE INC.

Current Principal Place of Business:

SAS CAMPUS DRIVE
T2145
CARY, NC 27513

New Principal Place of Business:

SAS CAMPUS DRIVE
T2119
CARY, NC 27513

Current Mailing Address:

SAS CAMPUS DRIVE
T2145
CARY, NC 27513

New Mailing Address:

SAS CAMPUS DRIVE
T2119
CARY, NC 27513

FEI Number: 56-1133017 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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: VP
Name: GORDON, SUZANNE S
Address: INFO. TECH. - SAS CAMPUS DRIVE
City-St-Zip: CARY, NC 27513

Title: PCED
Name: GOODNIGHT, JAMES H
Address: SAS CAMPUS DRIVE
City-St-Zip: CARY, NC 27513

Title: EVPD
Name: SALL, JOHN P
Address: SAS CAMPUS DR
City-St-Zip: CARY, NC 27513

Title: VP
Name: BOSWELL, JOHN G
Address: SAS CAMPUS DR
City-St-Zip: CARY, NC 27513

Title: AS
Name: ORANDER, KAYE L
Address: SAS CAMPUS DRIVE
City-St-Zip: CARY, NC 27513

Title: VCMO
Name: DAVIS, JAMES
Address: SAS CAMPUS DR
City-St-Zip: CARY, NC 27513

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

SIGNATURE: KAYE L. ORANDER AS 04/06/2012

Electronic Signature of Signing Officer or Director — Date