

1.) CORPORATION NAME:

**SAS Institute Inc.**

DUE DATE: **3/31/2011**

SCC ID NO: **F1286287**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: SAS CAMPUS DR

CITY/ST/ZIP: CARY, NC 27513-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JAMES H GOODNIGHT  
TITLE: P/CEO  
ADDRESS: SAS CAMPUS DR  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: JOHN P SALL  
TITLE: EXEC VP  
ADDRESS: SAS CAMPUS DR  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: KATHRYN A COUNCIL  
TITLE: VP-PUBLICATIONS  
ADDRESS: SAS CAMPUS DR  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: SUZANNE S GORDON  
TITLE: VP INFO TECH  
ADDRESS: SAS CAMPUS DR  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: KAYE L. ORANDER  
TITLE: ASST SECRETARY  
ADDRESS: SAS CAMPUS DRIVE  
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME:	JAMES H. GOODNIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	JOHN P. SALL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	AGNE MIKAEL HAGSTRÖM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	DONALD R. PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. VP & CFO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	W. DAVID DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CAO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	CHRISTOPHER P. BYRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CTO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	JAMES C. DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. VP		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	DONALD R PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. VP/CFO		
ADDRESS:	SAS CAMPUS DR		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	JOHN G. BOSWELL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. VP & CLO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
NAME:	KEITH V. COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr. VP & CTO		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KAYE L. ORANDER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAYE L. ORANDER, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/23/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.