

1.) CORPORATION NAME:

SAS Institute Inc.

DUE DATE: **3/31/2012**

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: JOHN G. BOSWELL
TITLE: SR. VP & CLO
ADDRESS: SAS CAMPUS DRIVE
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: CHRISTOPHER P. BYRON
TITLE: VP & CTO
ADDRESS: SAS CAMPUS DRIVE
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME: KEITH V. COLLINS
TITLE: SR. VP & CTO
ADDRESS: SAS CAMPUS DRIVE
CITY/ST/ZIP/CO: CARY, NC 27513-

OFFICER

DIRECTOR

NAME:	KATHRYN A COUNCIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-PUBLICATIONS		
ADDRESS:	SAS CAMPUS DR		
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:	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:	SUZANNE S GORDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP INFO TECH		
ADDRESS:	SAS CAMPUS DR		
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:	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:	KAYE L. ORANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	SAS CAMPUS DRIVE		
CITY/ST/ZIP/CO:	CARY, NC 27513-		
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-		

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>3/2/2012</u> DATE
--	---	-------------------------

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.