

1.) CORPORATION NAME:

SAS Institute Inc.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1286287**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	SAS CAMPUS DR		
CITY/ST/ZIP/CO:	CARY, NC 27513		
NAME:	JOHN P SALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
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:	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:	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		
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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. DAVID DAVIS VP & CAO SAS CAMPUS DRIVE CARY, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES C. DAVIS SR. VP SAS CAMPUS DRIVE CARY, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AGNE MIKAEL HAGSTRÖM VICE PRESIDENT SAS CAMPUS DRIVE CARY, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD R. PARKER SR. VP & CFO SAS CAMPUS DRIVE CARY, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H. GOODNIGHT DIRECTOR SAS CAMPUS DRIVE CARY, NC 27513	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN P. SALL DIRECTOR SAS CAMPUS DRIVE CARY, NC 27513	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN L. DAY ASST SECRETARY SAS CAMPUS DRIVE CARY, NC 27513	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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.			
/s/ KAREN L.DAY	KAREN L.DAY,	2/14/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			