

1.) CORPORATION NAME:

SAP Government Support and Services, Inc.

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**

DUE DATE: **11/30/2010**

SCC ID NO: **F1607722**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3809 WEST CHESTER PIKE

CITY/ST/ZIP: NEWTOWN SQUARE, PA 19073-

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: ROBERT H BUTLER
TITLE: PRES/TREASURER
ADDRESS: 3809 WEST CHESTER PIKE
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073-

OFFICER DIRECTOR

NAME: MARK WHITE
TITLE: DIRECTOR
ADDRESS: 3809 WEST CHESTER PIKE
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073-

OFFICER DIRECTOR

NAME: WILLIAM VINSON
TITLE: DIRECTOR
ADDRESS: 3809 WEST CHESTER PIKE
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073-

OFFICER DIRECTOR

NAME: H LOWELL BROWN
TITLE: DIRECTOR
ADDRESS: 3809 WEST CHESTER PIKE
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073-

OFFICER DIRECTOR

NAME: KIM CHAPPELL
TITLE: SECRETARY
ADDRESS: 3809 WEST CHESTER PIKE
CITY/ST/ZIP/CO: NEWTOWN SQUARE, PA 19073-

OFFICER 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/ KIM CHAPPELL | KIM CHAPPELL, SECRETARY | 11/9/2010 |
| 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.