

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 827580 (2)**  
1. Corporation Name  
**SYSTEMS & COMPUTER TECHNOLOGY CORPORATION**



Principal Place of Business <b>GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355</b>	Mailing Address <b>GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355-1408</b>
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3. Date Incorporated or Qualified <b>02/29/1972</b>	3a. Date of Last Report <b>07/08/1996</b>
4. FEI Number <b>23-1701520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	
		<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Sr.V.P., Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EMMI, MICHAEL J.</b>	1.2 NAME	<b>Richard A. Blumenthal</b>
STREET ADDRESS	<b>35 DEEPPDALE RD.</b>	1.3 STREET ADDRESS	<b>432 Roundhill</b>
CITY-ST-ZIP	<b>STRAFFORD PA</b>	1.4 CITY-ST-ZIP	<b>St.Davids, Pa. 19087</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Assistant Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAMBERLAIN, MICHAEL</b>	2.2 NAME	<b>Beth A. Yergey</b>
STREET ADDRESS	<b>217 FRENCH ROAD</b>	2.3 STREET ADDRESS	<b>4001 Hollow Road</b>
CITY-ST-ZIP	<b>NEWTOWN SQUARE PA</b>	2.4 CITY-ST-ZIP	<b>Malvern, Pa. 19355</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HASKELL, ERIC</b>	3.2 NAME	<b>Gabriel A. Battista</b>
STREET ADDRESS	<b>518 CANDACE RD.</b>	3.3 STREET ADDRESS	<b>12428 Bacall Lane</b>
CITY-ST-ZIP	<b>VILLANOVA PA</b>	3.4 CITY-ST-ZIP	<b>Potomac, MD 20854</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FREEDMAN, ALLEN R.</b>	4.2 NAME	<b>Robin L. Rosenberg</b>
STREET ADDRESS	<b>35 PLYMOUTH ROAD</b>	4.3 STREET ADDRESS	<b>41 Cannon Court</b>
CITY-ST-ZIP	<b>SUMMIT NJ</b>	4.4 CITY-ST-ZIP	<b>Wayne, Pa. 19087</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UNTERBERG, THOMAS I.</b>	5.2 NAME	
STREET ADDRESS	<b>784 PARK AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, TERREL H.</b>	6.2 NAME	
STREET ADDRESS	<b>88 EDGEcombe DR.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALT LAKE CITY UT</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beth A. Yergey* **RECORDED** **4/8/97** **(610) 647-5930**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)