


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

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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 827580					
1. Corporation Name SYSTEMS & COMPUTER TECHNOLOGY CORPORATION					
Principal Place of Business GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355			Mailing Address GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/29/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-1701520	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	EMMI, MICHAEL J.				
STREET ADDRESS	35 DEEPDALE RD.				
CITY-ST-ZIP	STRAFFORD PA				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	CHAMBERLAIN, MICHAEL				
STREET ADDRESS	217 FRENCH ROAD				
CITY-ST-ZIP	NEWTOWN SQUARE PA				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HASKELL, ERIC				
STREET ADDRESS	518 CANDACE RD.				
CITY-ST-ZIP	VILLANOVA PA				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FREEDMAN, ALLEN R.				
STREET ADDRESS	35 PLYMOUTH ROAD				
CITY-ST-ZIP	SUMMIT NJ				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	UNTERBERG, THOMAS I.				
STREET ADDRESS	784 PARK AVE.				
CITY-ST-ZIP	NEW YORK NY				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	YERGEY, BETH A				
STREET ADDRESS	4 COUNTRY VIEW RD				
CITY-ST-ZIP	MALVERN PA 19355				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	BENNETT, JAMES D				
1.3 STREET ADDRESS	1435 SUGARTOWN ROAD				
1.4 CITY-ST-ZIP	BERWYN, PA. 19312				
2.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	BLUMENTHAL, RICHARD				
2.3 STREET ADDRESS	432 ROUND HILL				
2.4 CITY-ST-ZIP	ST DAVIDS, PA. 19087				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE: *Beth A Yergey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

610 647-5930

Daytime Phone #

CR2E034 (11/98)