2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827580 1. Entity Name SYSTEMS & COMPUTER TECHNOLOGY CORPORATION Principal Place of Business Mailing Address GREAT VALLEY CORPORATE CENTER GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD 4 COUNTRY VIEW ROAD MALVERN PA 19355 MALVERN PA 19355 2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITL F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

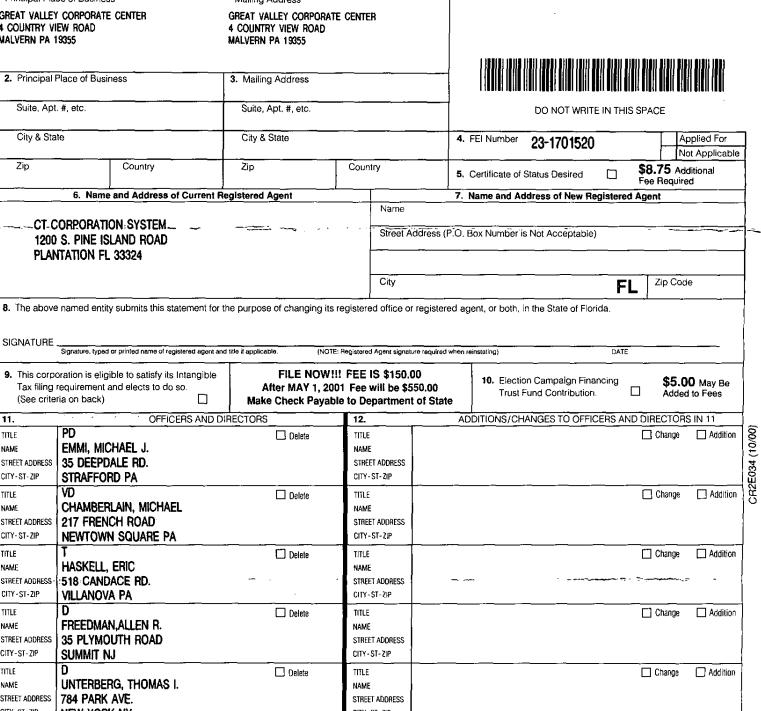
City

City & State

Zip

FILED May 16, 2001 8:00 am Secretary of State

05-16-2001 90238 019 ***150.00



13. 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 report or supplemental 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 11 or Block 12 if

Suite, Apt. #, etc.

Country

CT-CORPORATION:SYSTEM

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

EMMI, MICHAEL J.

35 DEEPDALE RD.

217 FRENCH ROAD

HASKELL, ERIC

VILLANOVA PA

SUMMIT NJ

784 PARK AVE.

NEW YORK NY

YERGEY, BETH A

4 COUNTRY VIEW RD

MALVERN PA 19355

518 CANDACE RD.

FREEDMAN, ALLEN R.

35 PLYMOUTH ROAD

UNTERBERG, THOMAS I.

CHAMBERLAIN, MICHAEL

NEWTOWN SQUARE PA

STRAFFORD PA

(See criteria on back)

1200 S. PINE ISLAND ROAD PLANTATION FL 33324

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scalese, BETH N.

☐ Addition