

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90914 011 \*\*\*150.00

05/7/95 AT

DOCUMENT # 827580

1. Entity Name

SYSTEMS &amp; COMPUTER TECHNOLOGY CORPORATION

Principal Place of Business

Mailing Address

GREAT VALLEY CORPORATE CENTER  
 4 COUNTRY VIEW ROAD  
 MALVERN PA 19355

GREAT VALLEY CORPORATE CENTER  
 4 COUNTRY VIEW ROAD  
 MALVERN PA 19355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

23-1701520

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
 NAME EMMI, MICHAEL J.  
 STREET ADDRESS 35 DEEPALE RD.  
 CITY-ST-ZIP STRAFFORD PA

TITLE VD ☐ Delete  
 NAME CHAMBERLAIN, MICHAEL  
 STREET ADDRESS 217 FRENCH ROAD  
 CITY-ST-ZIP NEWTOWN SQUARE PA

TITLE T ☐ Delete  
 NAME HASKELL, ERIC  
 STREET ADDRESS 518 CANDACE RD.  
 CITY-ST-ZIP VILLANOVA PA

TITLE D ☐ Delete  
 NAME FREEDMAN, ALLEN R.  
 STREET ADDRESS 35 PLYMOUTH ROAD  
 CITY-ST-ZIP SUMMIT NJ

TITLE D ☐ Delete  
 NAME UNTERBERG, THOMAS I.  
 STREET ADDRESS 784 PARK AVE.  
 CITY-ST-ZIP NEW YORK NY

TITLE AT ☐ Delete  
 NAME SEALASE, BETH  
 STREET ADDRESS 4 COUNTRY VIEW RD  
 CITY-ST-ZIP MALVERN PA 19355

TITLE A/T ☐ Change ☒ Addition  
 NAME JOHN P. MEENAN  
 STREET ADDRESS 4 COUNTRY VIEW ROAD  
 CITY-ST-ZIP MALVERN PA 19355

TITLE CEO/DIRECTOR/PRES ☒ Change ☐ Addition

TITLE T/D ☒ Change ☐ Addition

TITLE D ☐ Change ☒ Addition  
 NAME GABRIEL A. BATISTA  
 STREET ADDRESS 12428 BARNETT LANE  
 CITY-ST-ZIP POTOMAC, MD 20854

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/02

Date

6106475930

Daytime Phone #

CP2E034 (9/01)