

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 827580**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
MADOCKS, BRIAN J  
4 COUNTRY VIEW ROAD  
MALVERN PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
CHAMBERLAIN, MICHAEL D  
4 COUNTRY VIEW ROAD  
MALVERN PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SVP  
COTTLE, JEFFREY M  
4 COUNTRY VIEW ROAD  
MALVERN PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SVP  
COOLEY, ANDREW J  
4 COUNTRY VIEW ROAD  
MALVERN PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
SVP  
GATHMAN, DAVID J  
4 COUNTRY VIEW ROAD  
MALVERN PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VP  
LACOUR, SUSAN J  
4 COUNTRY VIEW ROAD  
MALVERN PA 19355 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
1100000245542  
02/28/05-80029-019 150.00 ☐ Change ☐ Add

TITLE  
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☐ Change ☐ Add

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STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID D. GATHMAN**

Date

**2/21/2005**

Daytime Phone #

**610-578-507**