2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 827580

1. Entity Name
SYSTEMS & COMPUTER TECHNOLOGY CORPORATION

U00000387823
01/19/06-80054-017 150.00

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

01052006 No Chg-P CR2E034 (11/05)

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

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~VP~~ President
NAME	MADOCKS, BRIAN J (Maddocks, Brian J)
STREET ADDRESS	4 COUNTRY VIEW ROAD
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	~~P~~ Director
NAME	~~CHAMBERLAIN, MICHAEL D~~ (Robert Clarke)
STREET ADDRESS	4 COUNTRY VIEW ROAD (680 E Swedesford Rd)
CITY-ST-ZIP	MALVERN, PA 19355 (Wayne, PA 19087)
TITLE	SVP
NAME	COTTLE, JEFFREY M
STREET ADDRESS	4 COUNTRY VIEW ROAD
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	SVP
NAME	COOLEY, ANDREW J
STREET ADDRESS	4 COUNTRY VIEW ROAD
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	SVP
NAME	GATHMAN, DAVID J
STREET ADDRESS	4 COUNTRY VIEW ROAD
CITY-ST-ZIP	MALVERN, PA 19355
TITLE	~~VP~~ SVP
NAME	LACOUR, SUSAN J
STREET ADDRESS	4 COUNTRY VIEW ROAD
CITY-ST-ZIP	MALVERN, PA 19355

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David D. Gathman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #