

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

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F74374** (2)
1. Corporation Name
SALES DYNAMICS, INC.

Principal Place of Business
**ONE CHERRY HILL
SUITE 300
CHERRY HILL NJ 08002**

Mailing Address
**ONE CHERRY HILL
SUITE 300
CHERRY HILL NJ 08002**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/31/1982	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
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.				81. Name	
SIGNATURE				82. Street Address (P.O. Box Number is Not Acceptable)	
Signature typed or printed name of registered agent and filed if applicable				83.	
(NOTE: Registered Agent signature required when reinstating)				84. City	
DATE				85. Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	11 SIGNAL HILL ROAD	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	VOORHEES NJ	2.1 TITLE	2.2 NAME
TITLE	EVP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	NORINS, ESTHER	3.1 TITLE	3.2 NAME
STREET ADDRESS	11 SIGNAL HILL ROAD	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	VOORHEES NJ	4.1 TITLE	4.2 NAME
TITLE	CFO	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	MASSARO, PAUL J.	5.1 TITLE	5.2 NAME
STREET ADDRESS	130 N. DEVON DRIVE	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	EXTON PA	6.1 TITLE	6.2 NAME
TITLE	COO Pres	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME	MALLENBAUM, DAVID		
STREET ADDRESS	1439 LEXINGTON DRIVE		
CITY-ST-ZIP	MAPLE GLEN PA		

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.

SIGNATURE: <i>[Signature]</i> Controller		1/28/98		609-462-7600 x430	
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CR2E034 (10/97)