

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
Tallahassee, Florida
Department of Banking
Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

DOCUMENT # F93000003742 (4)

95 MAY 10 AM 10:25

SCT PUBLIC SECTOR, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 4 COUNTRY VIEW ROAD MALVERN PA 19355		2a. Mailing Address 4 COUNTRY VIEW ROAD MALVERN PA 19355		3. Date incorporated or qualified 08/17/1993	3a. Date of Last Report 05/12/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FFI Number 23-2154345	Applied For Not Applicable		
22. State, Apt. # etc. 22	27. State, Apt. # etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. City & State 23	28. City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. Zip 24	25. Country 25	29. Zip 29	30. Country 30	8. This corporation was liable for intangible tax under § 199.012 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
		B1. Name			
		B2. Street Address, if O. Box Number is Not Applicable			
		B3.			
		B4. City	FL	B5. Zip Code	

11. I, the undersigned, being a duly qualified officer or director of the corporation named herein, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office as registered agent of this corporation in the State of Florida. This filing was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent of this corporation and accept the responsibility of this position as defined in Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICER AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME P ENGEL, PAUL 4 COUNTRY VIEW ROAD MALVERN PA 19355	TYPE P	NAME P	TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VSD BLUMENTHAL, RICHARD A 432 ROUNDHILL ST. DAVIDS PA 19087	TYPE VSD	NAME VSD	TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VTD HASKELL, ERIC 518 CANDACE ROAD VILLANOVA PA 19085	TYPE VTD	NAME VTD	TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CD EMMI, MICHAEL J 35 DEEPDALE ROAD STRATFORD PA 19087	TYPE CD	NAME CD	TYPE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYPE	NAME	TYPE
NAME	TYPE	NAME	TYPE
NAME	TYPE	NAME	TYPE

14. I, the undersigned, hereby certify that this information agrees with the filing information furnished and does not qualify for the exemptions stated in Law 95-119 (F.S. 199.011), Florida Statutes. I further certify that the information indicated on this 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 at the time of the filing of this report and that I am qualified to execute this report as required by Chapter 605, Florida Statutes, and that my name appears in Block 12 of this report or a filing report with an address.

SIGNATURE: *Eric Haskell* **ERIC HASKELL** 5/4/95 610-647-5930
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR