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**Apr 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000003742 (4)**

1. Corporation Name  
**SCT GOVERNMENT SYSTEMS, INC.**



Principal Place of Business  
**4 COUNTRY VIEW ROAD  
MALVERN PA 19355**

Mailing Address  
**4 COUNTRY VIEW ROAD  
MALVERN PA 19355-1408**

3. Date Incorporated or Qualified **08/17/1993** 3a. Date of Last Report **07/08/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>23-2154345</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip		28 Zip		29 Country		30 Country	
24		25		29		30	

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Appropriate printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>Assistant Secretary</b>
NAME	<b>ENGEL, PAUL</b>	1.2 NAME	<b>Robin L. Rosenberg</b>
STREET ADDRESS	<b>4 COUNTRY VIEW ROAD</b>	1.3 STREET ADDRESS	<b>41 Cannon Court</b>
CITY-ST-ZIP	<b>MALVERN PA 19355</b>	1.4 CITY-ST-ZIP	<b>Wayne, Pa. 19087</b>
TITLE	<b>VSD</b>	2.1 TITLE	
NAME	<b>BLUMENTHAL, RICHARD A</b>	2.2 NAME	
STREET ADDRESS	<b>432 ROUNDHILL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. DAVIDS PA 19087</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VTD</b>	3.1 TITLE	
NAME	<b>HASKELL, ERIC</b>	3.2 NAME	
STREET ADDRESS	<b>518 CANDACE ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VILLANOVA PA 19085</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b>	4.1 TITLE	
NAME	<b>EMMI, MICHAEL J</b>	4.2 NAME	
STREET ADDRESS	<b>35 DEEPDALE ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STRATFORD PA 19087</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<b>Beth A. Yergey</b>
NAME	<b>PIEDE, BETH A</b>	5.2 NAME	
STREET ADDRESS	<b>4 COUNTRY VIEW ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MALVERN PA</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Beth A. Yergey* **BETH A. YERGEY** 4/18/97 (610) 647-5930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)