


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

FILED
Apr 06 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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1993	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 23-2154345	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" 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	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGEL, PAUL	1.2 NAME	DANIELS, MICHAEL C
STREET ADDRESS	4 COUNTRY VIEW ROAD	1.3 STREET ADDRESS	1733 HARRODSBURG Rd, Suite 100
CITY-ST-ZIP	MALVERN PA 19355	1.4 CITY-ST-ZIP	LEXINGTON, KY 40504
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BLUMENTHAL, RICHARD A	2.2 NAME	
STREET ADDRESS	432 ROUNDHILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. DAVIDS PA 19087	2.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HASKELL, ERIC	3.2 NAME	
STREET ADDRESS	818 CANDACE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA 19085	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	EMMI, MICHAEL J	4.2 NAME	
STREET ADDRESS	35 DEEPALE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STRATFORD PA 19087	4.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	YERGEY, BETH A	5.2 NAME	
STREET ADDRESS	4 COUNTRY VIEW ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, ROBIN L	6.2 NAME	BENNETT, JAMES D
STREET ADDRESS	41 CANNON CT	6.3 STREET ADDRESS	4 COUNTRY VIEW Rd.
CITY-ST-ZIP	WAYNE PA	6.4 CITY-ST-ZIP	MALVERN, PA. 19355

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 *[Signature]* DATE *[Date]*

CR2E034 (10/97)