


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

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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90047 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003742

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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 08/17/1993	
4. FEI Number 23-2154345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <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

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	DANIELS, MICHAEL C
STREET ADDRESS	1733 HARRODSBURG RD SUTIE 100
CITY-ST-ZIP	LEXINGTON KY 40504
TITLE	VSD <input type="checkbox"/> DELETE
NAME	BLUMENTHAL, RICHARD A
STREET ADDRESS	432 ROUNDHILL
CITY-ST-ZIP	ST. DAVIDS PA 19087
TITLE	VTD <input type="checkbox"/> DELETE
NAME	HASKELL, ERIC
STREET ADDRESS	518 CANDACE ROAD
CITY-ST-ZIP	VILLANOVA PA 19085
TITLE	CD <input type="checkbox"/> DELETE
NAME	EMMI, MICHAEL J
STREET ADDRESS	35 DEEPDALE ROAD
CITY-ST-ZIP	STRATFORD PA 19087
TITLE	AT <input type="checkbox"/> DELETE
NAME	YERGEY, BETH A
STREET ADDRESS	4 COUNTRY VIEW ROAD
CITY-ST-ZIP	MALVERN PA
TITLE	AS <input type="checkbox"/> DELETE
NAME	BENNETT, JAMES D
STREET ADDRESS	4 COUNTRY VIEW RD
CITY-ST-ZIP	MALVERN PA 19355

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ASST. TREASURER
1.3 STREET ADDRESS	JOHN P. MEEHAN
1.4 CITY-ST-ZIP	4 COUNTRY VIEW ROAD MALVERN, PA. 19355
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Beth A Yergey* **BETH A YERGEY** **4/8/99** **610-647-5930**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)