

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90367 040 \*\*\*150.00

**DOCUMENT # F93000003742**

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **23-2154345**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANIELS, MICHAEL C</b>	NAME	
STREET ADDRESS	<b>1733 HARRODSBURG RD SUTIE 100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON KY 40504</b>	CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUMENTHAL, RICHARD A</b>	NAME	
STREET ADDRESS	<b>432 ROUNDHILL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ST. DAVIDS PA 19087</b>	CITY-ST-ZIP	
TITLE	<b>VTD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKELL, ERIC</b>	NAME	
STREET ADDRESS	<b>518 CANDACE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VILLANOVA PA 19085</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMMI, MICHAEL J</b>	NAME	
STREET ADDRESS	<b>35 DEEPDALE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>STRATFORD PA 19087</b>	CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YERGEY, BETH A</b>	NAME	<b>SCALESE, BETH Y.</b>
STREET ADDRESS	<b>4 COUNTRY VIEW ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MALVERN PA</b>	CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENNETT, JAMES D</b>	NAME	
STREET ADDRESS	<b>4 COUNTRY VIEW RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MALVERN PA 19355</b>	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      **5/16/01**      **610-647-5930**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)