

FILE FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29, 1999 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-29-1999 90064 002 ***150.00

DOCUMENT # F94000001603

1. Corporation Name
PROPHET 21 (NEW JERSEY), INC.



Principal Place of Business 19 WEST COLLEGE AVE. YARDLEY PA 19067	Mailing Address 19 WEST COLLEGE AVE. YARDLEY PA 19067
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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 03/30/1994	Applied For Not Applicable
4. FEI Number 22-2048638	
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 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	MEGGITT, JOHN
STREET ADDRESS	19 W. COLLEGE AVE
CITY-ST-ZIP	YARDLEY PA
TITLE	SD <input type="checkbox"/> DELETE
NAME	MEGGITT, DOROTHY
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	YARDLEY PA
TITLE	PD <input type="checkbox"/> DELETE
NAME	BOYLE, CHARLES
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	YARDLEY PA
TITLE	V <input type="checkbox"/> DELETE
NAME	JAFFE, NEIL
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	YARDLEY PA
TITLE	D <input type="checkbox"/> DELETE
NAME	TIMMERMAN, MARK
STREET ADDRESS	19 W COLLEGE AVE
CITY-ST-ZIP	YARDLEY PA
TITLE	D <input type="checkbox"/> DELETE
NAME	CISSONE, LOUIS
STREET ADDRESS	19 W. COLLEGE AVE.
CITY-ST-ZIP	YARDLEY PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: *Kathleen Wagner* **REQUIRE** Kathleen Wagner 1-7-99 (215)493-8900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Controller Date Daytime Phone #

CR2E034 (11/98)