

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90151 009 ***150.00


057634 AT

DOCUMENT # F94000001603
 1. Entity 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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

0100TV



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2048638** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

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 checked="" type="checkbox"/> Delete
NAME	JAFFE, NEIL	
STREET ADDRESS	19 W. COLLEGE AVE.	
CITY-ST-ZIP	YARDLEY PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TIMMERMAN, MARK	
STREET ADDRESS	19 W COLLEGE AVE	
CITY-ST-ZIP	YARDLEY PA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CISSONE, LOUIS	
STREET ADDRESS	19 W. COLLEGE AVE.	
CITY-ST-ZIP	YARDLEY PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doug Levin	
STREET ADDRESS	19 W. College Avenue	
CITY-ST-ZIP	Yardley, PA 19067	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russ Mellott	
STREET ADDRESS	19 w. College Avenue	
CITY-ST-ZIP	Yardley, PA 19067	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Patton	
STREET ADDRESS	19 w. College Avenue	
CITY-ST-ZIP	Yardley, PA 19067	
TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Giuliani	
STREET ADDRESS	19 w. college Avenue	
CITY-ST-ZIP	Yardley PA 19067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Mark Timmerman* **02/27/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)