

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

DOCUMENT # F96000003997 (1)
1. Corporation Name
SCT MANUFACTURING & DISTRIBUTION SYSTEMS, INC.



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/02/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-2815965	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				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				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMMI, MICHAEL J			1.2 NAME			
STREET ADDRESS	4 COUNTRY VIEW RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MALVERN PA 19355			1.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAMBERLAIN, MICHAEL D			2.2 NAME			
STREET ADDRESS	4 COUNTRY VIEW RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MALVERN PA 19355			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CONNELL, GERALD F			3.2 NAME	ZATCOFF, ROY J.		
STREET ADDRESS	4 COUNTRY VIEW RD			3.3 STREET ADDRESS	4 COUNTRY VIEW ROAD		
CITY-ST-ZIP	MALVERN PA			3.4 CITY-ST-ZIP	MALVERN, PA. 19355		
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	ASSISTANT TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLUMENTHAL, RICHARD A			4.2 NAME	YERGEY, BETH A		
STREET ADDRESS	4 COUNTRY VIEW RD			4.3 STREET ADDRESS	4 COUNTRY VIEW RD.		
CITY-ST-ZIP	MALVERN PA 19355			4.4 CITY-ST-ZIP	MALVERN, PA. 19355		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	SR VICE PRES / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	HASKELL, ERIC		
STREET ADDRESS				5.3 STREET ADDRESS	4 COUNTRY VIEW ROAD		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MALVERN, PA. 19355		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VICE PRES / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	PHILAN, DAVID F		
STREET ADDRESS				6.3 STREET ADDRESS	4 COUNTRY VIEW ROAD		
CITY-ST-ZIP				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 _____ 2/2/1998 (10/1/97 5930)

CR2E034 (10/97)