

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

04-13-1999 90047 043 \*\*\*150.00

**DOCUMENT # F96000003997**

1. Corporation Name

**SCT MANUFACTURING & DISTRIBUTION SYSTEMS, INC.**

Principal Place of Business

**4 COUNTRY VIEW RD  
MALVERN PA 19355**

Mailing Address

**4 COUNTRY VIEW RD  
MALVERN PA 19355**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/02/1996**

4. FEI Number

**23-2815965**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	EMMI, MICHAEL J	
STREET ADDRESS	4 COUNTRY VIEW RD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, MICHAEL D	
STREET ADDRESS	4 COUNTRY VIEW RD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	PRES	<input type="checkbox"/> DELETE
NAME	ZATCOFF, ROY J	
STREET ADDRESS	4 COUNTRY VIEW RD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, RICHARD A	
STREET ADDRESS	4 COUNTRY VIEW RD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	YERGEY, BETH A	
STREET ADDRESS	4 COUNTRY VIEW RD	
CITY-ST-ZIP	MALVERN PA 19355	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HASKELL, ERIC	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ASST. SECRETARY
2.3 STREET ADDRESS	JAMES D BENNETT
2.4 CITY-ST-ZIP	4 COUNTRY VIEW ROAD MALVERN, PA. 19355
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ASST. TREASURER
3.3 STREET ADDRESS	JOHN P HEENAN
3.4 CITY-ST-ZIP	4 COUNTRY VIEW ROAD MALVERN, PA. 19355
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 8, 1999** **610-647-5930**

Date

Daytime Phone #

CR2E034 (11/98)

000815