
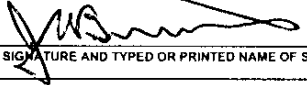


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90081 032 ***158.75

DOCUMENT # H31600 1. Entity Name HTE-UCS, INC.			
Principal Place of Business 2005 WEST CYPRESS CREEK ROAD STE 100 FT. LAUDERDALE, FL 33309-1835 US		Mailing Address 2005 WEST CYPRESS CREEK ROAD STE 100 FT. LAUDERDALE, FL 33309-1835 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1000 Business Center Dr Suite, Apt. #, etc.	
City & State Zip Country		City & State Lake Mary, FL Zip Country 32746 Seminole	
4. FEI Number 59-2486196		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEO	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, ROBERT F	NAME	Santos, Gilbert O
STREET ADDRESS	680 EAST SWEDES FORD ROAD	STREET ADDRESS	1000 BUSINESS CENTER DR
CITY-ST-ZIP	WAYNE, PA 19087	CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSH, LESLIE S	NAME	
STREET ADDRESS	680 EAST SWEDES FORD ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE, PA 19087	CITY-ST-ZIP	
TITLE	CEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, BRUCE	NAME	
STREET ADDRESS	680 EAST SWEDES FORD ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE, PA 19087	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKS, ROBERT	NAME	
STREET ADDRESS	680 EAST SWEDES FORD ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE, PA 19087	CITY-ST-ZIP	
TITLE	AVAS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUANE, MICHAEL J	NAME	
STREET ADDRESS	680 EAST SWEDES FORD	STREET ADDRESS	
CITY-ST-ZIP	WAYNE, PA 19087	CITY-ST-ZIP	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS, GILBERT O	NAME	Huber, Thomas
STREET ADDRESS	1000 BUSINESS CENTER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		James Brescia 4/20/07 407-304-3235 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	