


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 042 ***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 1000 BUSINESS CENTER DR. LAKE MARY, FL 32746 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2486196	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SANTOS, GILBERT O 1000 BUISNESS CENTER DR. LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Scott Doughman 680 E Swedesford Rd Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUSH, LESLIE S 680 EAST SWEDES FORD ROAD WAYNE, PA 19087	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Daniel Conway 1000 Business Center Dr Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANGSTON, BRUCE 680 EAST SWEDES FORD ROAD WAYNE, PA 19087	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael Combs 1000 Business Center Dr Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKS, ROBERT 680 EAST SWEDES FORD ROAD WAYNE, PA 19087	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President C. Slattery 680 E Swedesford Rd Wayne, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVAS RUANE, MICHAEL J 680 EAST SWEDES FORD WAYNE, PA 19087	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Grant Harbin 1000 Business Center Dr Lake Mary, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, GILBERT O 1000 BUSINESS CENTER DRIVE LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James Brescia 1000 Business Center Dr Lake Mary, FL 32746
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: <u>CC KEATHLEY</u> <u>2/28/08</u> <u>407-304-3147</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					