SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

. | 1889 | 194 | 194 | 1954 | 1954 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955

1996

DOCUMENT #

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SCT SOFTWARE & RESOURCE MANAGEMENT CORPORATION

Principal Place	of Business	Maiting Address				I IDDINERI NE GUIRE EDIN SENDE IDIDE NOL DIBNI			
GREAT VALLEY 4 COUNTRY VI MALVERN PA		GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355							
MALAEUM LY	18333					3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				11/13/1985 4. FEI Number			Applied For
21		26				23-2303679		⊢ →	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Continuate of Status Desired \$8.75 Additional			
2		27					L_J		Required
City & State		City & State				6. Flection Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation has liab lity for intangible tax under s 199 032. Florida Statutes Yes No			
4	25 9. Name and Address of Current	29 Registered Agent	30			Florida Statutes 10. Name and Address of New F		J	
		riegistered Agent		B1 N	lame		.og.o.o.o		
CT CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)					
	O S. PINE ISLAND ROAD		82 Street Ad		ireet Addi	ess (F.O. Box Number is Not Accepta	mej		
PLA	NTATION FL 33324			83					
			-	84 C	ity			85 Z	ip Code
					, ,		FL	. 55 -	
office or re	o the provisions of Sections 607 0502 gistered agent, or both, in the State on I familiar with, and accept the obliga	of Florida, Such change wa	as authorized	by the	med corpo corporation	oration submits this statement for the on's board of directors. Thereby acce	purpose of pt the appo	changing intment a	its registered s registered
SIGNATURE ;	Signature tape this proventices culting dered agen	granging of the state of the st	ANCITE ALL LA LA LA	A		ed when not stating	pai.		
12.	OFFICERS AND		13.	vagent 5	girar ac asquiri	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	PD	DELETE	1111	LE				Chang	and the second second second
NAME	EMMI, MICHAEL J.		1.2 NA	Mξ					
STREET ADDRESS	35 DEEPDALE ROAD		1357	IEET ADS	DRESS				
CITY - ST - ZIP	STRAFFORD PA			Y - ST - Z	lP q				
TIFLE	VD	DELETE	2111	2 F TPLE				Chang	ge Addution
NAME	CHAMBERLAIN, MICAHEL D.		2 2 NA						
STREET ADORESS	217 FRENCH RD.			REET ADD	1				
CITY-ST-ZIP TITLE	NEWTOWN SQUARE PA			2 4 CITY - ST - ZIP 3 1 TITLE				Chan	ge Addition
NAME	TD Haskell, Eric		32 NA						, []
STREET ADDRESS	518 CANDACE RD.			REET ADO	DRESS				
CITY-ST-ZiP	VILLANOVA PA		l li	TY - S1 - Z					
TITLE	S	DELETE						Chang	ge Addit or
NAME	BLUMENTHAL, RICHARD A.		4 2 N	.ME					
STREET ADDRESS	432 ROUNDHILL		43\$0	REEL ADO	DRESS				
CITY - ST - ZIP	ST. DAVIDS PA	N beres		Y - ST - Z	3P			05.	
TITLE	VP.	⊠ DELETE						Unani	ge Addition
NAME CYDEET ADDRESS	WELSH, CATHY		5 2 NA		20000				
STREET ADDRESS	4 COUNTRY VIEW RD			HEFT ADI Y - ST - Z					
CITY-ST-ZIP TITLE	MALVERN PA	DELETE			"			Chan	ge Addition
NAME		<u> </u>	6 2 N4				,		
STREET ADDRESS			6351	REFT ADI	DRESS				
CITY-ST-ZIP			6.4.00	Y - ST - Z	IP				
further cer made und	rtify that the information indicated on ler path, that I am an officer or directo	this annual report or suppli or of the corporation or the	lemental annu receiver or tru	al repo istee e	ort is true a empowered	ify for the exemption stated in Section and accurate and that my signature's dito execute this report as required b	hali have th	a same le	gal effect as if
signat	URE: X SIGNATURE AND TYPEG OR	V. 1.	BETH	P		7/1/90	61	0 64 Myles Pron	75930