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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 # **P08081** **(2)**

1. Corporation Name
SCT SOFTWARE & RESOURCE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355	GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD MALVERN PA 19355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1985**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **23-2303679** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EMMI, MICHAEL J.		1.2 NAME		
STREET ADDRESS	35 DEEPDALE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	STRAFFORD PA		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHAMBERLAIN, MICAHEL D.		2.2 NAME		
STREET ADDRESS	217 FRENCH RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEWTOWN SQUARE PA		2.4 CITY-ST-ZIP		
TITLE	VPTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HASKELL, ERIC		3.2 NAME		
STREET ADDRESS	518 CANDACE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VILLANOVA PA		3.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLUMENTHAL, RICHARD A.		4.2 NAME		
STREET ADDRESS	432 ROUNDHILL		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. DAVIDS PA		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YERGEY, BETH A		5.2 NAME		
STREET ADDRESS	4001 HOLLOW RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MALVERN PA		5.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	6.1 TITLE	ASST. SECRETARY	☐ Change ☒ Addition
NAME	ROSEBERG, ROBIN L		6.2 NAME	BENNETT, JAMES D	
STREET ADDRESS	41 CANNON COURT		6.3 STREET ADDRESS	1435 SUGARTOWN ROAD	
CITY-ST-ZIP	WAYNE PA		6.4 CITY-ST-ZIP	BERWYN, PA. 19312	

CR2E034 (10/97)

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 _____ DATE