Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90047 045 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P08081

1. Corporation Name

SCT SOFTWARE & RESOURCE MANAGEMENT CORPORATION

Principal Place	e of Business	Mailing Address				1 100 1100 1 111 1010 1 1010 1 1010 1 1010 1		
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 Qualifed		
						11/13/1985		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				23-2303679		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate of Otatos Desired	Fee Re	equired
City & Stat	.	City & State			-	6. Election Campaign Financing	\$5.00	May Be -
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	C	ountry		8. This corporation owes the current year	Intangible	_
24	25	29	30			Personal Property Tax.	Yes	□No_
9. Name and Address of Current Registered Agent						10. Name and Address of New Register	ed Agent	
				81	Name			II.
) CT (CORPORATION SYSTEM			82	Stroot	Address (P.O. Box Number is Not Acceptable)		
1200) S. PINE ISLAND ROAD			102	Oueer,	Address (1.0. dbx (4df)bot to (4dt /4ddb/fdb/o)		
PLAI	NTATION FL 33324			83	· · ·			
				84	City		85 Zip	Code
						•	L	
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							s 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.								sgistereo .
}		,						i
CICALATURE								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (No	OTE: Register	red Agen	it signature re	equired when reinstating) DATE		
SIGNATURE		ID DIRECTORS	DTE: Register		t signature re	ADDITIONS/CHANGES TO OFFICERS		
			13		it signature re	ADDITIONS/CHANGES TO OFFICERS	☐ Change	ORS IN 12
12.	OFFICERS AN	ID DIRECTORS	1.1	3.	it signature re	ADDITIONS/CHANGES TO OFFICERS	☐ Change	
12. TITLE NAME	OFFICERS AN	ID DIRECTORS	1.1 1.1 1.2	TITLE	t signature re	ADDITIONS/CHANGES TO OFFICERS ASST.TREASURER MEENAN, JOHN P HILL KENT ROAD	☐ Change	Addition
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12. TITLE NAME	OFFICERS AN PD EMMI, MICHAEL J.	ID DIRECTORS	1.1 1.2 1.3 1.4	TITLE	ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
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BERWYN PA 19312 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.

6.3 STREET ADDRESS

STREET ADDRESS

1435 SUGARTOWN RD