FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90047 045 ***150.00

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DOCUMENT # P08081

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 Qualifed: 11/13/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	ASST. TREASURER	☐ Change ☒ Addition
NAME	EMMI, MICHAEL J.		1.2 NAME	MEENAN, JOHN P	
STREET ADDRESS	35 DEEPDALE ROAD		1.3 STREET ADDRESS	416 KENT ROAD	
CITY-ST-ZIP	STRAFFORD PA		1.4 CITY-ST-ZIP	SPRINGFIELD, PA. 19064	
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	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, JAMES D		6.2 NAME		
STREET ADDRESS	1435 SUGARTOWN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	BERWYN PA 19312		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: X Beth A Yergey BETH A YERGEY 4/8/99 610-647-5930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #