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Daytime Phone #

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2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State P08081 DOCUMENT # 1. Entity Name -02-2002 90914 010 ***150 00 SCT SOFTWARE & RESOURCE MANAGEMENT CORPORATION Principal Place of Business Mailing Address **GREAT VALLEY CORPORATE CENTER** GREAT VALLEY CORPORATE CENTER 4 COUNTRY VIEW ROAD 4 COUNTRY VIEW ROAD MALVERN PA 19355 MALVERN PA 19355 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-2303679 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. FINE ISLAND ROAD **PLANTATION FL 33324** 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. SIGNATURE Signature (မှာရဲထို တုံ့ printed name of registered agent and title if applicable (NOTE; Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to set is intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State MELLEY ... 11. , OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **Delete** ☐ Change **Addition** TITLE TITLE EMMI, MICHAEL J. NAME NAME John P. M I Country 35 DEEPDALE ROAD STREET ADDRESS STREET ADDRESS STRAFFORD PA CITY-ST-ZIP CITY-ST-ZIP *dalver* is BIRECTOR TITLE ☐ Delete TITLE X Change ☐ Addition CHAMBERLAIN, MICAHEL D. NAME NAME 217 FRENCH RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEWTOWN SQUARE PA** CITY-ST-ZIP **VPTD** ☐ Delete TITLE PRESIDENT ☐ Change **X** Addition HASKELL, ERIC NAME NAME KOBETT Road 518 CANDACE RD. STREET ADDRESS STREET ADDRESS VILLANOVA PA CITY-ST-7IP CITY-ST-7IP 9355 ☐ Change TITI F ☐ Delete TITLE ☐ Addition BLUMENTHAL, RICHARD A. NAME NAME **432 ROUNDHILL** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. DAVIDS PA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCALESE, BETH Y NAME 4001 HOLLOW RD. STREET ADDRESS STREET ADDRESS MALVERN PA CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BENNETT, JAMES D NAME NAME STREET ADDRESS 1435 SUGARTOWN RD STREET ADDRESS BERWYN PA 19312 CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 11 or Block 12 if