

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90090 021 \*\*\*150.00

**DOCUMENT # P08081**

**1. Entity Name**  
**SCT SOFTWARE & RESOURCE MANAGEMENT CORPORATION**



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

**Mailing Address**  
**GREAT VALLEY CORPORATE CENTER**  
**4 COUNTRY VIEW ROAD**  
**MALVERN PA 19355**

**90004880**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 23-2303679**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **AT** ☐ Delete  
**NAME** **MEENAN, JOHN**  
**STREET ADDRESS** **4 COUNTRY VIEW RD**  
**CITY-ST-ZIP** **MALVERN PA 19355**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **CHAMBERLAIN, MICHAEL D.**  
**STREET ADDRESS** **217 FRENCH RD.**  
**CITY-ST-ZIP** **NEWTOWN SQUARE PA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VPTD** ☐ Delete  
**NAME** **HASKELL, ERIC**  
**STREET ADDRESS** **518 CANDACE RD.**  
**CITY-ST-ZIP** **VILLANOVA PA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **VPS** ☐ Delete  
**NAME** **BLUMENTHAL, RICHARD A.**  
**STREET ADDRESS** **432 ROUNDHILL**  
**CITY-ST-ZIP** **ST. DAVIDS PA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AT** ☐ Delete  
**NAME** **SCALESE, BETH Y**  
**STREET ADDRESS** **4001 HOLLOW RD.**  
**CITY-ST-ZIP** **MALVERN PA**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **AS** ☐ Delete  
**NAME** **BENNETT, JAMES D**  
**STREET ADDRESS** **1435 SUGARTOWN RD**  
**CITY-ST-ZIP** **BERWYN PA 19312**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** **X** **SIGNATURE REQUIRED** **John P. Meenan** **1/14/03** **6106475930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)