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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12646 (6)

1. Corporation Name

BURROUGHS SYSTEMS INCORPORATED

Principal Place of Business

PO BOX 500, C2NN4 CISE14
BLUE BELL PA 19424

Mailing Address

PO BOX 500, C2NN4 CISE14
BLUE BELL PA 19424-0001



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 23-2454905		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIESENFELD, STEFAN C.	1.2 NAME	PETER S. NOLL
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	1.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE BELL PA	1.4 CITY - ST - ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHSCHMIDT, EDWARD A	2.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	2.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE BELL PA	2.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RONALD C.	3.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	3.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE BELL PA	3.4 CITY - ST - ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVERBERG, JACK R	4.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE BELL PA	4.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, SUSAN T	5.2 NAME	SUSAN T. KEENE
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	5.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE BELL PA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	700002170607
STREET ADDRESS		6.3 STREET ADDRESS	-05/08/97--01005--030
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***165.00

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD C. ANDERSON

4/2/97

Date

215-986-4744

Daytime Phone #

049511

CR2E034 (9/96)