FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAR -1 PM 4:29

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P31770 (1)

1. Corporate Name

SANCHEZ COMPUTER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
40 VALLEY STREAM PARKWAY, MALVERN PA 19355	40 VALLEY STREAM PARKWAY, MALVERN PA 19355

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/09/1990
3a. Date of Last Report: 03/30/1994
4. FEI Number: 23-2161560 ☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business: 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address: 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, MICHAEL	12 NAME	
STREET ADDRESS	194C CHARLESTOWN RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MALVERN PA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, FRANK R.	22 NAME	
STREET ADDRESS	JUG HOLLOW&COUNTRY CLUB	23 STREET ADDRESS	
CITY-ST-ZIP	PHOENIXVILLE PA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	CARR, CHRISTOPER C.	32 NAME	
STREET ADDRESS	417 RUTGERS CT.	33 STREET ADDRESS	6 SYCAMORE COURT
CITY-ST-ZIP	BEMSALEM PA	34 CITY-ST-ZIP	PAOLI, PA 19305
TITLE	TV	41 TITLE	☐ Change ☐ Addition
NAME	WATERMAN, JOSEPH F.	42 NAME	
STREET ADDRESS	1310 MEADOW LANE	43 STREET ADDRESS	
CITY-ST-ZIP	BERWYN PA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MUSSER, WARREN V.	52 NAME	
STREET ADDRESS	231 ATLEE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☒ Change ☐ Addition
NAME	BUCKHEIT, JOHN G.	62 NAME	
STREET ADDRESS	103 WOODEN EAGLE CT.	63 STREET ADDRESS	
CITY-ST-ZIP	EXTOM PA	64 CITY-ST-ZIP	EXTON, PA

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John G. Buckheit – JOHN G. Buckheit 2/17/95 (610) 296-8877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0474176 FP