

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000004496

1. Entity Name
SOLUTIONS SETTLEMENT SERVICES OF AMERICA
CORPORATION



Principal Place of Business
3010 BRIARPARK #201
HOUSTON, TX 77042

Mailing Address
3010 BRIARPARK #201
HOUSTON, TX 77042

FILED

06 FEB -7 PM 3:08

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



02012006 No Chg-P CR2E034 (11/05)

06

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2886879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Corinne Bryan Special Asst Secy

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

(NOTE: Registered Agent signature required when reinstating)

2/7/16
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
THOMPSON, D. RICHARD
3250 BRIARPARK #400
HOUSTON, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
WALDEN, PATRICK A
3250 BRIARPARK #400
HOUSTON, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASSELLA, MICHAEL M
3250 BRIARPARK #400
HOUSTON, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COBERN, L. KENNETH
3010 BRIARPARK #201
HOUSTON, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROBINSON, JOANNE M
3010 BRIARPARK #201
HOUSTON, TX 77042

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BALOG, MICHAEL C
3010 BRIARPARK #201
HOUSTON, TX 77042

200066554172
02/24/06--01013--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joanne M. Robinson

2/1/06

DATE

713-369-6822

Daytime Phone #