PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005564

1. Corporation Name

TITLE

NAME

STREET ADDRESS

C/TY-ST-ZIP

TIMBERLINE SOFTWARE CORPORATION

Principal Place					(\$1 50 311 46101 0 11 0 3				
9600 SW NIMBUS AVE BEAVERTON OR 97008		9600 SW NIMBUS AVE BEAVERTON OR 97006 US							
					DO NOT WRITE IN THIS SPACE				
us us						3. Date Incorporated or Qualifed			
						12/08/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	. [Applied For	
21 15195 NW Greenbrier		26 15195 NW Greenbrier			93-0748489		Not Applicable	_	
Suite, Apt. #, etc. Parkway		Suite Apt. # etc. Parkway			5. Certificate of Status Desired		5. Additional =	<u>-</u>	
22		27			Fee Required				
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible				
23 Beaverton, OR Zip Country		28 Beaverton, OR Zip Country							
24 97006	· ·	29 97006	¬	-		Personal Property Tax.	Yes	□No	
24 27000	9. Name and Address of Current		, J			10. Name and Address of New Regis	stered Agent		
			8	1 Na	me				
	CORPORATION SYSTEM		8	2 St	eet Addr	ess (P.O. Box Number is Not Acceptable)			\dashv
1200 S. PINE ISLAND RD.			Ľ		oci / idai	Address (F.O. Box Address to Not Acceptable)			
PLAN	NTATION FL 33324		8	3					
			8	4 Ci	v		—. 85 2	ip Code	
			- "				$FL \mid \; \mid$	·	_
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida, Such change was auth	the abo orized b	ve-nai	ned corporation	oration submits this statement for the purp in's board of directors. I hereby accept the	ose of changing appointment as	its registered registered	
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statute	es.		•			
SIGNATURE		ALOTE B				dukan mindalian)	DATE		١,
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: OFFICERS AND DIRECTORS		Registered Agent signature require		iture required	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	\exists
TITLE	V	☐ DELETE	1.1 TITLE		ł	, 1,0,10,10,10,10	Chan		on :
NAME	DENNIS STEJSKAL		1.2 NAM	E					- 1 :
STREET ADDRESS	9600 SW NIMBUS AVE		1.3 STRE	ET ADOI	ess 1	5195 NW Greenbrier	Parkwa	У	
Crty-St-ZIP	BEVERTON OR		1.4 CITY-	ST-ZIP	В	eaverton, OR 9700	6-5701		
TITLE	D DELETE			2.1 ΠΤLE C			Char Cha	ge 🗌 Additio	on i
NAME	JAMES A. MEYER			E		•			Ì
STREET ADDRESS 1331 SW BROADWAY SUITE 201					1				
CITY-ST-ZIP				ET ADOI	RESS				- 1
TITLE		<u> </u>	2.3 STRE 2.4 CITY						
	D	DELETE		-ST-ZIP			Char	ige 🔲 Additio	on -
NAME	DONALD L. TISDEL	<u> </u>	2. 4 CITY	-ST-ZIP			☐ Char	ige 🔲 Additio	on -
NAMÉ STREET ADDRESS	Donald L. Tisdel 1691 Village Park Lane	<u> </u>	2.4 CITY 3.1 TITLE	-ST-ZIP E	<u>≅≃.</u> , <u>s=7⊤.</u>		Char	ige 🔲 Additio	on -
	Donald L. Tisdel 1691 Village Park Lane Lake Oswego or	DELETE	2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY	ST-ZIP E EET ADOI	<u>≅≃.</u> , <u>s=7⊤.</u>				
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14. 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 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, with all other like empowered.

6.2 NAME ,

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

□ DELETE

SIGNATURE: _

PELTZ, CURTIS L.

BEAVERTON OR

9600 SW NIMBUS AVE

15195 NW Greenbrier Parkway

Beaverton, OR 97006-5701

(503) 690-6775

May 04, 1999 8:00 am Secretary of State

05-04-1999 90119 012 ***150.00