

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003128

Entity Name: GREEN HILLS SOFTWARE, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

30 W SOLA ST
SANTA BARBARA, CA 93101 US

New Principal Place of Business:

Current Mailing Address:

30W SOLA ST
SANTA BARBARA, CA 93101 US

New Mailing Address:

30 W SOLA ST
SANTA BARBARA, CA 93101 US

FEI Number: 95-4079433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODENBECK, PATRICK
34125 US HWY 19 NORTH
SUITE 100
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: O'DOWD, DANIEL
Address: 30 W SOLA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: DVC () Delete
Name: DOUGLAS, JACK
Address: 30 W. SOLA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: D () Delete
Name: TUSICCHI, SCOTT
Address: 30 W. SOLA STREET
City-St-Zip: SANTA BARBARA, CA 93101

Title: CFO () Delete
Name: HAZARIAN, JEFFREY R
Address: 30 WEST SOLA ST
City-St-Zip: SANTA BARBARA, CA 93101

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MITCHELL, STEVE
Address: 30 W. SOLA STREET
City-St-Zip: SANTA BARBARA, CA 93101

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL O'DOWD

PTSD

03/16/2009

Electronic Signature of Signing Officer or Director

Date