

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # F96000000887 (7)

1. Corporation Name

SOFTWARE SUPPORT SERVICES, INC.

Principal Place of Business

PO BOX 3012
CORVALLIS OR 97339-3012

Mailing Address

PO BOX 3012
CORVALLIS OR 97339-3012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

93-0804248

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE P
NAME PERNELA, LLOYD
STREET ADDRESS 1985 SW AIRPORT RD.
CITY-ST-ZIP CORVALLIS OR 97339-3012

☒ DELETE

TITLE S
NAME SCHROEDER, SHERYL
STREET ADDRESS 1985 SW AIRPORT RD.
CITY-ST-ZIP CORVALLIS OR 97339-3012

☒ DELETE

TITLE DC
NAME DELONG, L F
STREET ADDRESS 1985 SW AIRPORT RD.
CITY-ST-ZIP CORVALLIS OR 97339-3012

☐ DELETE

TITLE D
NAME DELONG, JULIE
STREET ADDRESS 1985 SW AIRPORT RD.
CITY-ST-ZIP CORVALLIS OR 97339-3012

☐ DELETE

TITLE D
NAME HAMEL, CHARLES
STREET ADDRESS 1985 SW AIRPORT RD.
CITY-ST-ZIP CORVALLIS OR 97339-3012

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME PERNELA, LLOYD
1.3 STREET ADDRESS 1985 SW AIRPORT RD.
1.4 CITY-ST-ZIP CORVALLIS OR 97339-3012

☐ Change

☒ Addition

2.1 TITLE S
2.2 NAME SCHROEDER, SHERYL
2.3 STREET ADDRESS 1985 SW AIRPORT RD.
2.4 CITY-ST-ZIP CORVALLIS OR 97339-3012

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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] SIGNATURE REQUIRED

CR2E034 (4/97)