FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600000887 (7)

SOFTWARE SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



		Maining Modroas			
PO BOX 3012 CORVALUS OR 97339-3012		PO BOX 3012 CORVALUS OR 97339-3012			
]				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
<u> </u>				02/21/1996	i
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		93-0804248	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stale		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	he current year Intangible
24	[25]	29 3	30	Personal Property Tax due June 30.	Yes □ No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
	T CORPORATION SYSTEM		81 Name	hari Maasdam	
1200 SOUTH PINE ISLAND ROAD				Itess (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				165 SW HIRDOYF 160	,
			83		
			84 City A		leal at a
			84 City ()	RY VIII LIC	FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purp	
office or r	registered agent, or both, in the State	e of Florida, Such change was au	thorized by the corpora	poration submits this statement for the purp ation's board of directors. I hereby accept the	e appointment as registered
I	art larinar with this feest, the oring	ations of Section 607.0005, Fibi	iua Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ent and little if applicable (NGTE:	Registered Agent signature requ	ilred when rainstating)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	Р	DELETE	1.1 TITLE	5	Change X Addition
NAME	GALVIN, ORMOND T		1.2 NAME	hari Maasdam 105 SW Aipport Rd 107 97339-31	
STREET ADORESS	1965 SW AIRPORT RD.		1.3 STREET ADDRESS 19	The Charles and the Charles	
CITY-ST-ZIP	CORVALLIS OR		1.4 CITY-ST-ZIP	ing shy village ica.	210
TITLE	S	DELETE	2.1 TITLE	rvallis, "AR 97339-3	Change Addition
NAME	MAHONEY, RALPH		2.2 NAME		Change Addition
STREET ADDRESS	1965 SW AIRPORT RD.		2 3 STREET ADDRESS		
CITY-ST-ZIP	CORVALLIS OR		1		•
TITLE	DC	DELETE	2 4 City-ST-ZIP		05
NAME	DELONG, L F	F-1 DELEVE	3.1 TITLE		Change Addition
	1965 SW AIRPORT RD.		3.2 NAME		•
STREET ADDRESS	CORVALLIS OR 97339-3012		3.3 STREET ADDRESS		
CITY-ST-ZIP	D D D D D D D D D D D D D D D D D D D	Deres	3.4. CITY - ST - ZIP		
TITLE	_	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DELONG, JULIE		4. 2 NAME		
STREET ADDRESS	1965 SW AIRPORT RD.		4.3 STREET ADDRESS	·	
CITY-ST-ZIP	CORVALLIS OR 97339-3012	· · ·	4.4 CITY-ST-ZIP		
TITLE	D	PELETE	5.1 TITLE		Change Addition
NAME	HAMEL, CHARLES		5.2 NAME		
STREET ADDRESS	1965 SW AIRPORT RD.		5.3 STREET ADDRESS		
_CITY-ST-ZIP	CORVALUS OR 97339-3012		5.4 CITY-ST-ZIP		1
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		-
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
			5. OH OH LH		i i

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 chapted, or on an affactment with an address.