

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000887** ✓

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**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90009 002 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/21/1996

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **GALVIN, ORMOND T**
STREET ADDRESS **1965 SW AIRPORT RD.**
CITY-ST-ZIP **CORVALLIS OR**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **James E. Moran Jr.**
1.3 STREET ADDRESS **1965 SW Airport Rd**
1.4 CITY-ST-ZIP **Corvallis, OR 97339-3012**

TITLE **S** ☐ DELETE
NAME **MAASDAM, SHARI**
STREET ADDRESS **1965 SW AIRPORT RD.**
CITY-ST-ZIP **CORVALLIS OR 97339**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DC** ☐ DELETE
NAME **DELONG, L F**
STREET ADDRESS **1965 SW AIRPORT RD.**
CITY-ST-ZIP **CORVALLIS OR 97339-3012**

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

TITLE **D** ☐ DELETE
NAME **DELONG, JULIE**
STREET ADDRESS **1965 SW AIRPORT RD.**
CITY-ST-ZIP **CORVALLIS OR 97339-3012**

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

TITLE **D** ☐ DELETE
NAME **HAMEL, CHARLES**
STREET ADDRESS **1965 SW AIRPORT RD.**
CITY-ST-ZIP **CORVALLIS OR 97339-3012**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

Shari Maasdam **Shari Maasdam**

7-6-99

541 754 2460 X251

CR2E034 (5/99)

0122663

1965 SW Airport Road
Corvallis, Or
97333
(541) 757-2460

Advantage Energy Software

July 7, 1999

Florida Department of State
Division of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

We recently received a 1999 Profit Corporation Annual Report Packet that was marked "2nd notice". It is our belief that we never received the original "1st notice". We would like to keep our working relationship with you in good standing, so we will agree to pay the penalty fee with no questions asked. We would like you to, however, note that we have never been late on payments in the past and had we received the "1st notice" we would have paid it in a timely manner. We apologize if this notice was accidentally misplaced or overlooked.

Sincerely,



Shari Maasdam
VP of Finance