

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000887

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P  
NAME MORAN, JAMES E JR  
STREET ADDRESS 1965 S.W. AIRPORT ROAD  
CITY-ST-ZIP CORVALLIS OR 97339-3012 ☒ Delete

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President  
NAME Ben Nafa  
STREET ADDRESS 1965 SW Airport Rd  
CITY-ST-ZIP Corvallis, OR 97339-3012 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

Date

541 757 2460

Daytime Phone #

C0008800



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)