FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:28

DOCUMENT # P93000062577 (0)

1. Corporation Name
TENDASOFT, INC.

Principal Place of Business	Mailing Address
118 W MAIN ST VAN WERT OH 45891-1724	118 W MAIN ST VAN WERT OH 45891-1724

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 1001 Vision Drive	26 P.O. Box 635
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Van Wert, Ohio	City & State 28 Van Wert, Ohio
Zip / Country 24 45891 / 25 U.S.A.	Zip / Country 29 45891 / 30 USA

4. FEI Number: 34-1754079 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	☐ Change ☐ Addition
NAME	DAFOE, KENNETH F	1.2 NAME	
STREET ADDRESS	1164 PROFESSIONAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	VAN WERT OH	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	DAFOE, DEREK D	2.2 NAME	
STREET ADDRESS	3501 N RIVER RD / APT 111F	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT HURON MI	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	DAFOE, HEATHER M	3.2 NAME	
STREET ADDRESS	1164 PROFESSIONAL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VAN WERT OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MARSEE, FRED	4.2 NAME	
STREET ADDRESS	5720 PAYNE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONOOY OH	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFEN, DANA	5.2 NAME	
STREET ADDRESS	195 KENWICK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	VAN WERT OH	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] DEREK DAFOE 1/25/95 (419) 238-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480850 PN