

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000062577 (0)

1. Corporation Name

TENDASOFT, INC.



Principal Place of Business

1001 VISION DRIVE
VANWERT OH 45891
US

Mailing Address

118 W MAIN ST
VANWERT OH 45891
US

3. Date Incorporated or Qualified
09/08/1993

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 635

4. FEI Number

34-1754079

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State
Van Wert, Ohio

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

45891

30

USA

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO ☐ DELETE
NAME DAFOE, KENNETH F
STREET ADDRESS 1164 PROFESSIONAL DR
CITY-ST-ZIP VAN WERT OH

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10621 Greenville Road
1.4 CITY-ST-ZIP Van Wert, Ohio 45891

TITLE P ☐ DELETE
NAME DAFOE, DEREK D
STREET ADDRESS 3501 N RIVER RD / APT 111F
CITY-ST-ZIP PORT HURON MI

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1056 Linden Drive
2.4 CITY-ST-ZIP Van Wert, Ohio 45891

TITLE ST ☐ DELETE
NAME DAFOE, HEATHER M
STREET ADDRESS 1164 PROFESSIONAL DR
CITY-ST-ZIP VAN WERT OH

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 10621 Greenville Road
3.4 CITY-ST-ZIP Van Wert, Ohio 45891

TITLE D ☐ DELETE
NAME MARSEE, FRED
STREET ADDRESS 5720 PAYNE ROAD
CITY-ST-ZIP CONOY OH

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Convoy, Ohio 45832
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GRIFFEN, DANA
STREET ADDRESS 195 KENWICK DR
CITY-ST-ZIP VAN WERT OH

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)