

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90004 014 ***150.00

05/02/02 AT

DOCUMENT # P93000062577

1. Entity Name

TENDASOFT, INC.

Principal Place of Business

**1001 VISION DRIVE
 VAN WERT OH 45891
 US**

Mailing Address

**P.O. BOX 635
 VAN WERT OH 45891
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1754079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 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, 2002 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 **CEO** ☐ Delete
 NAME **DAFOE, KENNETH F**
 STREET ADDRESS **10621 GREENVILLE ROAD**
 CITY-ST-ZIP **VAN WERT OH**

TITLE **P** ☐ Delete
 NAME **DAFOE, DEREK D**
 STREET ADDRESS **1058 LINDEN DRIVE**
 CITY-ST-ZIP **VAN WERT OH**

TITLE **ST** ☐ Delete
 NAME **DAFOE, HEATHER M**
 STREET ADDRESS **10621 GREENVILLE ROAD**
 CITY-ST-ZIP **VAN WERT OH**

TITLE **D** ☐ Delete
 NAME **BURL, MORRIS G**
 STREET ADDRESS **826 FORT JENNINGS RD**
 CITY-ST-ZIP **DELPHOS OH 45833-1377**

TITLE **D** ☐ Delete
 NAME **MCCRACKEN, GEORGE**
 STREET ADDRESS **404 LINDA ST**
 CITY-ST-ZIP **VAN WERT OH 45891**

TITLE **V** ☒ Delete
 NAME **MCKENZIE, MICHAEL**
 STREET ADDRESS **1040 JENNINGS ROAD**
 CITY-ST-ZIP **VAN WERT OH 45891**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director** ☐ Change ☒ Addition
 NAME **Harvey Thatcher**
 STREET ADDRESS **Thatcher Insur Agency**
 CITY-ST-ZIP **135 East Central, Van Wert, Ohio 45891**

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

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

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

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

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9/02
 Date

419-238-7975
 Daytime Phone #

CR2E034 (9/01)