

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

05-10-2002 90004 014 \*\*\*150.00

05020205 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



DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**CEO**  
 NAME **DAFOE, KENNETH F**  
 STREET ADDRESS **10621 GREENVILLE ROAD**  
 CITY-ST-ZIP **VAN WERT OH**

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

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

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

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

*Harvey Thatcher* **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)