FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jun 05, 2000 8:00 am DOCUMENT # **P96000085828 Secretary of State** SECURITY SOFTWARE SYSTEMS, INC. 06-05-2000 90012 030 ***150 00 Principal Place of Business Mailing Address 931 NW SUNSET DRIVE 931 NW SUNSET DRIVE AUUUUUUA SUITE 3 SUITE 3 STUART FL 80227-5648 STUART FL 34994 2. Principal Place of Business 3. Mailing Address FINION RD. 1985 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0700843 *C.* 0 ILEY Country S A Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MHOD ETSTILL TETSTILL, JOHN H Street Address (P.O. Box Number is Not Acceptable) 931 NW SUNSET DRIVE SUITE 3 1 4104 STUART FL 34994 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. OHM H. TETSTILL SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/99) ☐ Change Addition Delete TITLE TETSTILL, JOHN H NAME NAME 931 NW SUNSET DRIVE, #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE ☐ Change Addition TITLE TETSTILL, TERESE M NAME NAME STREET ADDRESS 931 NW SUNSET DRIVE, #3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 TITLE ☐ Delete TITLE Change Addition NAME TETSTILL, JOEL A NAME 931 NW SUNSET DRIVE, #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 34994 ■ Addition ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1,00

888-480-1174 <u>303-816-**3**47</u>44

Daytime Phone #