

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002842

FILED
Apr 20, 2012
Secretary of State

Entity Name: NETWORK SERVICE BILLING, INC.

Current Principal Place of Business:

300 MAPLE PARK BLVD., SUITE 301 (BOSS)
ST. CLAIR SHORES, MI 48081

New Principal Place of Business:

Current Mailing Address:

3483 SATELLITE BLVD., SUITE 202
DULUTH, GA 30096

New Mailing Address:

3100 BRECKINRIDGE BLVD STE 145
DULUTH, GA 30096

FEI Number: 26-0106354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: LAGERGREN, PETER
Address: 300 MAPLE PARK BLVD., SUITE 301 (BOSS)
City-St-Zip: ST. CLAIR SHORES, MI 48081

Title: CFO
Name: LAGERGREN, PETER
Address: 300 MAPLE PARK BLVD., SUITE 301 (BOSS)
City-St-Zip: ST. CLAIR SHORES, MI 48081

Title: SECR
Name: LAGERGREN, PETER
Address: 300 MAPLE PARK BLVD., SUITE 301 (BOSS)
City-St-Zip: ST. CLAIR SHORES, MI 48081

Title: DIRE
Name: LAGERGREN, PETER
Address: 300 MAPLE PARK BLVD., SUITE 301 (BOSS)
City-St-Zip: ST. CLAIR SHORES, MI 48081

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER LAGERGREN

PRES

04/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date