

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # F94000006168 (8)**  
1. Corporation Name  
**NETCOM ON-LINE COMMUNICATION SERVICES, INC.**



Principal Place of Business Mailing Address  
**3031 TISCH WAY SAN JOSE CA 95128** **3031 TISCH WAY SAN JOSE CA 95128-2541**

3. Date Incorporated or Qualified **12/02/1994** 3a. Date of Last Report **04/30/1996**  
4. FEI Number **77-0317755** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2 North Second Street** 26 **2 North Second Street**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Plaza A** 27 **Plaza A**  
City & State City & State  
23 **San Jose CA** 28 **San Jose CA**  
Zip Country Zip Country  
24 **95113** 25 **USA** 29 **95113** 30 **USA**

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	GARRISON, DAVID W	
STREET ADDRESS	3031 TISCH WAY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEATHERFORD, C. THOMAS	
STREET ADDRESS	3031 TISCH WAY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	CTO	<input checked="" type="checkbox"/> DELETE
NAME	FRANCIS, RICK C	
STREET ADDRESS	3031 TISCH WAY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPIVEY, ERIC	
STREET ADDRESS	3031 TISCH WAY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOFFNEY, ERIC V.	
STREET ADDRESS	3031 TISCH WAY	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GETSY, STEPHEN	
STREET ADDRESS	3031 TISCH WAY	
CITY-ST-ZIP	SAN JOSE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2 North Second Street, Plaza A</b>
1.4 CITY-ST-ZIP	<b>San Jose CA 95113</b>
2.1 TITLE	<b>CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2 North Second Street, Plaza A</b>
2.4 CITY-ST-ZIP	<b>San Jose CA 95113</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Michael D. Kallet</b>
3.3 STREET ADDRESS	<b>2 North Second Street, Plaza A</b>
3.4 CITY-ST-ZIP	<b>San Jose, CA 95113</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>2 North Second Street, Plaza A</b>
4.4 CITY-ST-ZIP	<b>San Jose CA 95113</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>2 North Second Street, Plaza A</b>
5.4 CITY-ST-ZIP	<b>San Jose CA 95113</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>2 North Second Street, Plaza A</b>
6.4 CITY-ST-ZIP	<b>San Jose CA 95113</b>

14. I do 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 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.

CR2E034 (9/96)