

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

FILED
Apr 15 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 # F96000005826 (0)

1. Corporation Name
DATA SYSTEMS NETWORK CORPORATION



Principal Place of Business Mailing Address
34705 WEST TWELVE MILE ROAD, SUITE 300 FARMINGTON HILLS MI 48331
34705 WEST TWELVE MILE ROAD, SUITE 300 FARMINGTON HILLS MI 48331-3272

3. Date Incorporated or Qualified **11/07/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
 21 **SAME** 26 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **38-2649874** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 25 Country 29 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	GRIEVES, MICHAEL W.	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COCKE, GREGORY D	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIEVES, DIANE L	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRIEVES, MICHAEL W.	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASPATORE, WALTER J	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BURKHART, RICHARD A	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP	FARMINGTON HILLS MI 48331	

1.1 TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP GOY	
1.3 STREET ADDRESS	34705 W. 12 MILE RD - SUITE 300	
1.4 CITY-ST-ZIP	FARMINGTON HILLS, MI 48331	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, 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 of an attachment with an address.

SIGNATURE: *Philip M. Goy* CFO 4-7-97 810-489-7117
 SIGNATURE AND TITLE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)