

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 12 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000005826 (0)

1. Corporation Name
 DATA SYSTEMS NETWORK CORPORATION



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields for alternate locations.

3. Date Incorporated or Qualified: 11/07/1996
 4. FEI Number: 38-2649874
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields.

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	
TITLE: PC	DELETED
NAME: GRIEVES, MICHAEL W	
STREET ADDRESS: 34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP: FARMINGTON HILLS MI	
TITLE: V	DELETED
NAME: COCKE, GREGORY D	
STREET ADDRESS: 34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP: FARMINGTON HILLS MI 48331	
TITLE: S	DELETED
NAME: GRIEVES, DIANE L	
STREET ADDRESS: 34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP: FARMINGTON HILLS MI 48331	
TITLE: C	DELETED
NAME: GRIEVES, MICHAEL W	
STREET ADDRESS: 34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP: FARMINGTON HILLS MI	
TITLE: D	DELETED
NAME: ASPATORE, WALTER J	
STREET ADDRESS: 34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP: FARMINGTON HILLS MI 48331	
TITLE: DJ	DELETED
NAME: BURKHART, RICHARD A	
STREET ADDRESS: 34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY-ST-ZIP: FARMINGTON HILLS MI 48331	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME: JERRY A. DUSA	
1.3 STREET ADDRESS: 34705 W. 12 MILE RD - STE 300	
1.4 CITY-ST-ZIP: FARMINGTON HILLS, MI 48331	
2.1 TITLE: VT	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME: JOHN LYCHOS	
2.3 STREET ADDRESS: 34705 WEST TWELVE MILE RD.	
2.4 CITY-ST-ZIP: FARMINGTON HILLS, MI 48331	
3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. 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 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.

SIGNATURE: _____ 7-9-98 248-489-8000

CR2E034 (5/98)