

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90015 018 \*\*\*550.00

111333/0

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000005826**

1. Corporation Name  
**DATA SYSTEMS NETWORK CORPORATION**



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/07/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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 the current year Intangible Personal Property.  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 Michael Jansen DATE 7/14/99

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DUSA, JERRY A</b>
STREET ADDRESS	<b>34705 WEST TWELVE MILE ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI 48331</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>LYCHOS, JOHN</b>
STREET ADDRESS	<b>34705 WEST TWELVE MILE ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI 48331</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GRIEVES, DIANE L</b>
STREET ADDRESS	<b>34705 WEST TWELVE MILE ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI 48331</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>GRIEVES, MICHAEL W</b>
STREET ADDRESS	<b>34705 WEST TWELVE MILE ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ASPATORE, WALTER J</b>
STREET ADDRESS	<b>34705 WEST TWELVE MILE ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI 48331</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>BURKHART, RICHARD A</b>
STREET ADDRESS	<b>34705 WEST TWELVE MILE ROAD, SUITE 300</b>
CITY-ST-ZIP	<b>FARMINGTON HILLS MI 48331</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Michael Jansen</b>
1.3 STREET ADDRESS	<b>34705 West Twelve Mile Road, Suite 300</b>
1.4 CITY-ST-ZIP	<b>Farmington Hills, Michigan 48331</b>
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 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: Michael Jansen DATE 7/14/99 248-489-8700

CR2E034 (5/99)