

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P23079 (7)**

1. Corporation Name
MFS NETWORK TECHNOLOGIES, INC.



Principal Place of Business: **%THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801**
Mailing Address: **%THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801**

2. Principal Place of Business: 21 **200 Kiewit Plaza**, 22 **200**, 23 **Omaha, Nebraska**, 24 **68131**, 25 **USA**
2a. Mailing Address: 26 **200 Kiewit Plaza**, 27 **200**, 28 **Omaha, NE**, 29 **68131**, 30 **USA**

3. Date Incorporated or Qualified: **02/22/1989**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **47-0714393**
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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROWE, JAMES Q.	
STREET ADDRESS	200 KIEWIT PLAZA	
CITY-STATE-ZIP	OMAHA NE	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FERGUSON, TERRENCE J.	
STREET ADDRESS	200 KIEWIT PLAZA	
CITY-STATE-ZIP	OMAHA NE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCGINTY, BRIAN P.	
STREET ADDRESS	200 KIEWIT PLAZA	
CITY-STATE-ZIP	OMAHA NE	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AHLERS, BRYAN E.	
STREET ADDRESS	200 KIEWIT PLAZA	
CITY-STATE-ZIP	OMAHA NE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOERSCH, KEVIN P	
STREET ADDRESS	200 KIEWIT PLAZA	
CITY-STATE-ZIP	OMAHA NE	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	THOMPSON, WILLIAM P.	
STREET ADDRESS	200 KIEWIT PLAZA	
CITY-STATE-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	Debra L. Keith	
13. STREET ADDRESS	200 Kiewit Plaza	
14. CITY-STATE-ZIP	Omaha, NE 68131	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE		
32. NAME		
33. STREET ADDRESS		
34. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE		
42. NAME		
43. STREET ADDRESS		
44. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE		
52. NAME		
53. STREET ADDRESS		
54. CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE		
62. NAME		
63. STREET ADDRESS		
64. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this Report is true and my firm had and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in an attachment with an address.

SIGNATURE: **Debra L Keith** 3/6/96 (402) 977-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)