

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

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**RE Feb 06 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 # P39999 (8)
1. Corporation Name
NETWORK SIX, INC.



Principal Place of Business
475 KILVERT ST., WARWICK RI 02886

Mailing Address
475 KILVERT ST., WARWICK RI 02886-1360

3. Date Incorporated or Qualified
08/05/1992

3a. Date of Last Report
03/05/1996

4. FEI Number
05-0366090

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

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

9. Name and Address of Current Registered Agent
**ORMOND, GREGG J
330 ALHAMBRA CIRCLE
CORAL GABLES FL 33134**

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 signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KIRSCH, KENNETH | |
| STREET ADDRESS | 106 FREEMAN PARKWAY | |
| CITY-ST-ZIP | PROVIDENCE RI | |
| TITLE | DC | <input type="checkbox"/> DELETE |
| NAME | GAEBE, DANA H. | |
| STREET ADDRESS | 36 RAMBLIN BROOK ROAD | |
| CITY-ST-ZIP | SEEKONK MA | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CIPOLLA, DOROTHY M. | |
| STREET ADDRESS | 335 ALBION ROAD | |
| CITY-ST-ZIP | LINCOLN RI | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | RADICAN, ROBERT | |
| STREET ADDRESS | 28 TRACY WAY | |
| CITY-ST-ZIP | ST. THOMAS VA | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FERLAND, ROLAND O. | |
| STREET ADDRESS | ONE CANTERBURY GREEN | |
| CITY-ST-ZIP | PAWTUCKET RI | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | FERLAND, ROLAND | |
| STREET ADDRESS | TWO NAUSHON COURT | |
| CITY-ST-ZIP | PAWTUCKET RI | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 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 | | |

See attached list

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.

SIGNATURE: _____ DATE: **1-16-97** TELEPHONE: **401-732-9000**

CR2E034 (9/96)

NSI DIRECTORS

197-24-7559

James J. Trainor
217 A Street NE
Washington, DC 2002

453-15-1993

Nicholas R. Supron
25 Stadium Rd.
Providence, RI 02906

PRESIDENT, CHAIRMAN, DIRECTOR

032-40-4252

Kenneth C Kirsch
106 Freeman Parkway
Providence, RI 02906

DIRECTOR

039-28-4896

Dana H. Gaebe
36 Ramblin Brook Road
Seekonk, MA 02771

TREASURER, CFO, CLERK

025-46-7444

Dorothy M. Cipolla
335 Albion Rd.
Lincoln, RI 02865