FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 10:02

DOCUMENT # P38704 (3)

1. Corporation Name
DSI EXPRESSNETWORKS, INC.

Principal Place of Business	Mailing Address
615 TASMAN DRIVE SUNNYVALE CA 94089-3718 US	615 TASMAN DRIVE SUNNYVALE CA 94089-3718 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 94-2829092 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and the date of application. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	11 TITLE	None	☑ Change ☐ Addition
NAME	NOTHHAFT, HENRY R.	12 NAME		
STREET ADDRESS	615 TASMAN DRIVE	13 STREET ADDRESS		
CITY ST ZIP	SUNNYVALE CA	14 CITY ST ZIP		
TITLE	P	21 TITLE	President & Director	☑ Change ☐ Addition
NAME	NOTHHAFT, HENRY R.	22 NAME	Robert Bedoyan	
STREET ADDRESS	615 TASMAN DRIVE	23 STREET ADDRESS	111 Turnpike Rd	
CITY ST ZIP	SUNNYVALE CA	24 CITY ST ZIP	Southborough MA 1772	
TITLE	AS	31 TITLE	Sec	☑ Change ☐ Addition
NAME	MCERMOTT, PHILIP M.	32 NAME	Mark Bercow	
STREET ADDRESS	615 TASMAN DRIVE	33 STREET ADDRESS	615 Tasman Drive	
CITY ST ZIP	SUNNYVALE CA	34 CITY ST ZIP	Sunnyvale CA 94086	
TITLE	V	41 TITLE	Treasurer	☑ Change ☐ Addition
NAME	CARR, GEORGE	42 NAME	Philip McDermott	
STREET ADDRESS	615 TASMAN DRIVE	43 STREET ADDRESS	615 Tasman Drive	
CITY ST ZIP	SUNNYVALE CA	44 CITY ST ZIP	Sunnyvale CA 94088	
TITLE	V	51 TITLE	None	☑ Change ☐ Addition
NAME	CHECCO, JAMES	52 NAME		
STREET ADDRESS	615 TASMAN DRIVE	53 STREET ADDRESS		
CITY ST ZIP	SUNNYVALE CA	54 CITY ST ZIP		
TITLE	S	61 TITLE	None	☑ Change ☐ Addition
NAME	CLARKSON, ROBERT T.	62 NAME		
STREET ADDRESS	TWO PALO ALTO SQUARE	63 STREET ADDRESS		
CITY ST ZIP	PALO ALTO CA	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Philip McDermott 6/6/95 408-541-6847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0491065 FN

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 [illegible] PM 0:20

DOCUMENT # **P39058** **(3)**

1. Corporation Name

EMPLOYER'S SECURITY COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
10816 KINGSTON PIKE KNOXVILLE TN 37922	10816 KINGSTON PIKE KNOXVILLE TN 37922

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/02/1992	3a. Date of Last Report: 03/01/1994
4. FEI Number: 36-3792791	☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☐ Change ☐ Addition
NAME	FROST, STEVEN	12 NAME		
STREET ADDRESS	10816 KINGSTON PIKE	13 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN	14 CITY-ST-ZIP		
TITLE		21 TITLE	SECRETARY	☐ Change ☒ Addition
NAME		22 NAME	Richard Cooper	
STREET ADDRESS		23 STREET ADDRESS	10816 Kingston Pike	
CITY-ST-ZIP		24 CITY-ST-ZIP	Knoxville, TN 37922	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: S. S. [illegible] 6/8/95 (615) 946-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181091 FN