

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

0542045

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90040 031 \*\*\*150.00

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # F96000001392**

1. Corporation Name  
**RUSH NETWORK CORP.**



|  |  |
|--|--|
| Principal Place of Business<br><b>2201 N. CENTRAL EXPY.<br/>SUITE 115<br/>RICHARDSON TX 75080-2718</b> | Mailing Address<br><b>2201 N. CENTRAL EXPY.<br/>SUITE 115<br/>RICHARDSON TX 75080-2718</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br><b>03/19/1996</b>  |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br><b>23-2831951</b>  |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                              |  |
| 24 Country                     |  | 30 Country             |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------|---|--|
| TITLE                      | CPST              | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUGHES, KINGDON R | 1.2 NAME  |  |
| STREET ADDRESS             | BOX 2424          | 1.3 STREET ADDRESS                                    | <b>2201 N. CENTRAL EXPY., Ste 115</b>  |
| CITY-ST-ZIP                | MIDLAND TX 79702  | 1.4 CITY-ST-ZIP                                       | <b>RICHARDSON, TX 75080-2718</b>   |
| TITLE                      |                   | 2.1 TITLE   | <b>VICE PRESIDENT</b>  |
| NAME                       |                   | 2.2 NAME  | <b>BRADFORD H. HUGHES</b>  |
| STREET ADDRESS             |                   | 2.3 STREET ADDRESS                                    | <b>2201 N. CENTRAL EXPY., Ste 115</b>  |
| CITY-ST-ZIP                |                   | 2.4 CITY-ST-ZIP                                       | <b>RICHARDSON, TX 75080-2718</b>   |
| TITLE                      |                   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 3.2 NAME  |  |
| STREET ADDRESS             |                   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 4.2 NAME  |  |
| STREET ADDRESS             |                   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 5.2 NAME  |  |
| STREET ADDRESS             |                   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                   | 6.2 NAME  |  |
| STREET ADDRESS             |                   | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                   | 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, with all other like empowered.

SIGNATURE:

 **K. R. HUGHES**

**1-20-99**

**972 669-7874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)