

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002842

**Entity Name:** NETWORK SERVICE BILLING, INC.

**Current Principal Place of Business:**

7251 WEST LAKE MEAD BLVD, STE 300  
LAS VEGAS, NV 89128

**Current Mailing Address:**

3075 BRECKINRIDGE BLVD STE 425  
DULUTH, GA 30096 US

**FEI Number: 26-0106354**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAGERGREN, PETER  
Address        7251 WEST LAKE MEAD BLVD, STE  
                  300  
City-State-Zip: LAS VEGAS NV 89128

Title            CFO  
Name            LAGERGREN, PETER  
Address        7251 WEST LAKE MEAD BLVD, STE  
                  300  
City-State-Zip: LAS VEGAS NV 89128

Title            SECRETARY  
Name            LAGERGREN, PETER  
Address        7251 WEST LAKE MEAD BLVD, STE  
                  300  
City-State-Zip: LAS VEGAS NV 89128

Title            DIRECTOR  
Name            LAGERGREN, PETER  
Address        7251 WEST LAKE MEAD BLVD, STE  
                  300  
City-State-Zip: LAS VEGAS NV 89128

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PETER LAGERGREN**

**PRESIDENT**

**04/22/2015**

Electronic Signature of Signing Officer/Director Detail

Date