

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000002842

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC4426460197**

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

**Current Principal Place of Business:**

300 MAPLE PARK BLVD., SUITE 301 (BOSS)  
ST. CLAIR SHORES, MI 48081

**Current Mailing Address:**

3100 BRECKINRIDGE BLVD STE 145  
DULUTH, GA 30096

**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            PRES  
Name            LAGERGREN, PETER  
Address        300 MAPLE PARK BLVD., SUITE 301  
                  (BOSS)  
City-State-Zip: ST. CLAIR SHORES MI 48081

Title            CFO  
Name            LAGERGREN, PETER  
Address        300 MAPLE PARK BLVD., SUITE 301  
                  (BOSS)  
City-State-Zip: ST. CLAIR SHORES MI 48081

Title            SECR  
Name            LAGERGREN, PETER  
Address        300 MAPLE PARK BLVD., SUITE 301  
                  (BOSS)  
City-State-Zip: ST. CLAIR SHORES MI 48081

Title            DIRE  
Name            LAGERGREN, PETER  
Address        300 MAPLE PARK BLVD., SUITE 301  
                  (BOSS)  
City-State-Zip: ST. CLAIR SHORES MI 48081

*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

**PRES**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date