2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2002 8:00 am § Secretary of State DOCUMENT # F01000003325 1. Entity Name INTELLIGENT NETWORK FORUM INC. 03-07-2002 90050 021 ****61.25 Principal Place of Business Mailing Address 901 MAIN ST., STE 6000 12800 INDIAN ROCKS RD., STE 6 DALLAS TX 75202 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address 2840 West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 104 City & State City & State Applied For 4. FEI Number 75-2646996 Not Applicable T. Zip Country \$8.75 Additional 5. Certificate of Status Desired 770 U5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON: MONA 🐃 12800 INDIAN ROCKS RD., STE 6 **LARGO FL 33774** Zip Code 8. 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, 2-25-62 SIGNATURE nd title if applicable. gistered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition LUDLAM, DAVID NAME NAME STREET ADDRESS DISCOVERY COURT 551-553 WALLISDOWN RD. STREET ADDRESS CITY-ST-7IE POOLE DORSET UK 8H125AG CITY-ST-ZIE TITLE Delete TITLE Change Addition SENGODAN, DR. SENTHIL NAME NAME 5 WAYSIDE RD., NOKIA RESEARCH CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON MA 01803** ☐ Delete TITLE ☐ Addition TITLE Change JOHNSON, MONA NAME NAME STREET ADDRESS 12800 INDIAN ROCKS RD., STE 6 STREET ADDRESS CITY=ST-ZIP CITY-ST-ZIP~ L'ARGO FL 33774 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WIENSKI, BOB NAME NAME STREET ADDRESS STREET ADDRESS 7400 WEST 129TH ST. CITY-ST-ZIP CITY-ST-ZIP OVERLAND PARK KS 66213 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: 727-391-1010

changed, or on an attachment w

12. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if