2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003325

7400 WEST 129TH ST.

OVERLAND PARK, KS 66213

Address:

City-St-Zip:

Entity Name: INTELLIGENT NETWORK FORUM INC

FILED Jan 17, 2004 Secretary of State

Littly Nai	III. INTELLIGENT NETWORKT ORDIVING	•
Current P	rincipal Place of Business:	New Principal Place of Business:
901 MAIN DALLAS, 1	ST., STE 6000 TX 75202	
Current M	lailing Address:	New Mailing Address:
2840 WES	ST BAY DRIVE	2840 WEST BAY DRIVE
#104 LARGO, F	L 33770 US	#104 BELLEAIR BLUFFS, FL 33770 US
	: 75-2646996 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
JOHNSON 8640 PLAY LARGO, F	YERS COURT	
	named entity submits this statement for the peeof Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATUR	RE:	
	Electronic Signature of Registered Age	ent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	CP () Delete LUDLAM, DAVID DISCOVERY COURT 551-553 WALLISDOWN RD. POOLE DORSET UK BH125AG,	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VCV () Delete SENGODAN, DR. SENTHIL 5 WAYSIDE RD., NOKIA RESEARCH CENTER BURLINGTON, MA 01803	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DS () Delete JOHNSON, MONA 12800 INDIAN ROCKS RD., STE 6 LARGO, FL 33774	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	DT () Delete WIENSKI, BOB	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MONA JOHNSON DS 01/17/2004