

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000001273

FILED  
Mar 20, 2013  
Secretary of State

Entity Name: VITAL NETWORK SERVICES, INC.

**Current Principal Place of Business:**

14520 MCCORMICK DR.  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14520 MCCORMICK DR.  
TAMPA, FL 33626

**New Mailing Address:**

FEI Number: 77-0578166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: RICHARD BOWLING

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DCEO  
Name: KOEHLER, JOHN A  
Address: 14520 MCCORMICK DR.  
City-St-Zip: TAMPA, FL 33626

Title: CFO  
Name: KEE, JERREL W  
Address: 14520 MCCORMICK DR.  
City-St-Zip: TAMPA, FL 33626

Title: ST  
Name: KEE, JERREL W  
Address: 14520 MCCORMICK DR.  
City-St-Zip: TAMPA, FL 33626

Title: D  
Name: FERRI, PAUL J  
Address: 1000 WINTER STREET, SUITE 4500  
City-St-Zip: WALTHAM, MA 02451

Title: D  
Name: RUSSO, CARL  
Address: 595 PARK AVENUE, #103  
City-St-Zip: SAN JOSE, CA 95110

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: JOHN A. KOEHLER

DCEO

03/20/2013

Electronic Signature of Signing Officer or Director

Date