


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005438	
1. Entity Name INTERNATIONAL NETWORK SERVICES INC.	

Principal Place of Business 1600 MEMOREX DR 200 SANTA CLARA, CA 95050	Mailing Address 1600 MEMOREX DR 200 SANTA CLARA, CA 95050
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0729881	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTZE, DAVID M 1600 MEMOREX DR SANTA CLARA, CA 95050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELBERG, JULIA 1600 MEMOREX DR SANTA CLARA, CA 95050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERSTEN, MONTGOMERY 1600 MEMOREX DR SANTA CLARA, CA 95050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GALLAGHER, DANIEL J 1600 MEMOREX DR SANTA CLARA, CA 95050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BERG, CARL E 10050 BRADLEY DR CUPERTINO, CA 95014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000182137
01/19/05-80015-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1/10/05 408 330 2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #