

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 27 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005438

1. Entity Name

International Network Services, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1511 N. Westshore Blvd.

Suite, Apt. #, etc.  
Suite 350

City & State  
Tampa, FL

Zip  
33607

Country  
US

3. Mailing Address  
1600 Memorex Drive

Suite, Apt. #, etc.  
Suite 200

City & State  
Santa Clara, CA

Zip  
95050

Country  
US

**RECEIVED**

03

DO NOT WRITE IN THIS SPACE

4. FEI Number  
01-0729881

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Corporate Services Co.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes St

City  
Tallahassee

FL

Zip Code  
32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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

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600024104666  
10/27/03--01025--023 \*\*550.00

**DO NOT WRITE  
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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

408-330-2752

Daytime Phone #

CR2E034B (12/02)