FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:40

DOCUMENT # F93000004663 (1)

1. Corporation Name
INTERNATIONAL NETWORK SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
650 CASTRO STREET 260 MOUNTAIN VIEW CA 94041 US	P.O. BOX 7700 MOUNTAIN VIEW CA 94039-7700 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 03/29/1994
4. FEI Number: 77-0289509 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCKINNEY, DONALD K.	1.2 NAME	
STREET ADDRESS	650 CASTRO STREET, SUITE 260	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	LAUGHLIN, KEVIN J.	2.2 NAME	
STREET ADDRESS	650 CASTRO STREET, STE 260	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN VIEW CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, VERNON	3.2 NAME	
STREET ADDRESS	25225 LA LOMA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS HILLS CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CARLICK, DAVID	4.2 NAME	
STREET ADDRESS	840 WESTRIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTOLA VALLEY CA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FINCH, LAWRENCE G.	5.2 NAME	
STREET ADDRESS	21884 SAND HILL RD., SUITE 121	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEONE, DOUGLAS	6.2 NAME	
STREET ADDRESS	3000 SAND HILL RD., BLDG. 4, STE. 280	6.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin J. Laughlin 1/12/95 415-335-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kevin J. Laughlin

040105 FN