

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

29 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register the corporation

Signature of Registered Agent or person authorized to register the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKINNEY, DONALD K.	
STREET ADDRESS	650 CASTRO STREET, SUITE 260	
CITY-STATE-ZIP	MOUNTAIN VIEW CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAUGHLIN, KEVIN J.	
STREET ADDRESS	650 CASTRO STREET, STE 260	
CITY-STATE-ZIP	MOUNTAIN VIEW CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDERSON, VERNON	
STREET ADDRESS	25225 LA LOMA DRIVE	
CITY-STATE-ZIP	LOS ALTOS HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLICK, DAVID	
STREET ADDRESS	840 WESTRIDGE DR.	
CITY-STATE-ZIP	PORTOLA VALLEY CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINCH, LAWRENCE G.	
STREET ADDRESS	21884 SAND HILL RD., SUITE 121	
CITY-STATE-ZIP	MENLO PARK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONE, DOUGLAS	
STREET ADDRESS	3000 SAND HILL RD., BLDG. 4, STE. 280	
CITY-STATE-ZIP	MENLO PARK CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald A. LeBeau	
1.3 STREET ADDRESS	12795 Normandy Lane	
1.4 CITY-STATE-ZIP	Los Altos Hills, CA 94022	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96

415-284-4211

Original Filing #

CR2E034 (12/95)