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 # F93000005728 (1)

1. Corporation Name

NETWORK CONSTRUCTION SERVICES, INC.

Principal Place of Business
3801 LAKE BOONE TRAIL
SUITE 310
RALEIGH NC 27607
US

Mailing Address
3801 LAKE BOONE TRAIL
SUITE 310
RALEIGH NC 27607
US

2. Principal Place of Business
21 4019 Viewmont Drive
Suite, Apt. #, etc.
22
City & State
23 Greensboro, NC
Zip 24 27406 Country 25 USA

2a. Mailing Address
26 7404 Chapel Hill Rd
Suite, Apt. #, etc.
27 M
City & State
28 Raleigh, NC
Zip 29 27607 Country 30 USA

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 03/08/1995
4. FEI Number: 56-1846534 — 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ (Note: Registered Agent signature required when reinstating) DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STROHMEYER, FREDDY M	
STREET ADDRESS	640 E. KIVETT ST.	
CITY-ST-ZIP	ASHEBORO NC 27203	
TITLE	STD	☐ DELETE
NAME	RANKIN, LAWSON A JR	
STREET ADDRESS	1512 LEANNE CT.	
CITY-ST-ZIP	RALEIGH NC 27606-4143	
TITLE	D	☐ DELETE
NAME	WOLTZEN, HUGH A	
STREET ADDRESS	9690 DEERECO RD	
CITY-ST-ZIP	TIMONIUM MD	
TITLE	D	☐ DELETE
NAME	CRAWFORD, EDWARD K	
STREET ADDRESS	380 KNOLLWOOD ST, STE 600	
CITY-ST-ZIP	WINSTON SALEM NC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	☑ Change ☐ Addition
3.2 NAME	Woltzen, Hugh. A.	
3.3 STREET ADDRESS	9690 Deereco Rd	
3.4 CITY-ST-ZIP	Timonium, MD 21093	
4.1 TITLE	Director	☑ Change ☐ Addition
4.2 NAME	Crawford, Edward K.	
4.3 STREET ADDRESS	380 Knollwood St, Suite 410	
4.4 CITY-ST-ZIP	Winston-Salem, NC 27103	
5.1 TITLE	Director	☐ Change ☑ Addition
5.2 NAME	Nichols, Robert W.	
5.3 STREET ADDRESS	Rt 1 Box 620	
5.4 CITY-ST-ZIP	Taylorsville, NC 28681	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: Lawson A. Rankin Jr. — 2/6/96 — (919)859-9804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)