2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 14, 2009
Secretary of State

DOCUMENT# F94000001258

Entity Name: BLACK BOX NETWORK SERVICES, INC. - GOVERNMENT SOLUTIONS

Current Principal Place of Business:

1010 HALEY RD.
MURFREESBORO, TN 37129 US

New Principal Place of Business:

Current Mailing Address:

1010 HALEY RD.
MURFREESBORO, TN 37129 US

New Mailing Address:

FEI Number: 62-1202425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: TRES ( ) Delete
Name: MCANDREW, MICHAEL
Address: 1000 PARK DRIVE
City-St-Zip: LAWRENCE, PA 15055

Title: PRES ( ) Delete
Name: WILLIAMS, GARY
Address: 1010 HALEY ROAD
City-St-Zip: MURFREESBORO, TN 37129

Title: VP (X) Delete
Name: CLENDENON, TONY
Address: 1010 HALEY RD
City-St-Zip: MURFREESBORO, TN 37129

Title: CEO ( ) Delete
Name: TERRY, BLAKEMORE
Address: 1010 HALEY RD
City-St-Zip: MURFREESBORO, TN 37129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY WILLIAMS PRES 07/14/2009

Electronic Signature of Signing Officer or Director Date