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

APPROVED AND FILED

95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003907 (2)**

1. Corporation Name
NOVANET, INC.

Principal Place of Business	Mailing Address
1465 POST RD., EAST WESTPORT CT 06880-5528	1465 POST RD., EAST WESTPORT CT 06880-5528

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report: 4/94

2. Principal Place of Business	2a. Mailing Address
21 3895 N. Business Center Dr.	26 3895 N. Business Center Dr.
Suite, Apt. #, etc. 22 Suite 120	Suite, Apt. #, etc. 27 Suite 120
City & State 23 Tucson AZ	City & State 28 Tucson AZ
Zip 24 85705 Country 25 USA	Zip 29 85705 Country 30 USA

4. FEI Number: 06-1122871 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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. 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 restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	GARDNER, KIRTLAND C III	12 NAME		
STREET ADDRESS	2401 PLACITA SIN LUGURIA	13 STREET ADDRESS		
CITY-ST-ZIP	TUCSON AZ 85718	14 CITY-ST-ZIP		
TITLE	VSTD	21 TITLE		☒ Change ☐ Addition
NAME	MCPIKE, FRANK R JR	22 NAME		
STREET ADDRESS	46 POPLAR RD.	23 STREET ADDRESS		
CITY-ST-ZIP	RIDGEFIELD CT 06877	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	ALPERT, A. SIDNEY	32 NAME		
STREET ADDRESS	966 S. PINE CREEK RD.	33 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT 06430	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	SEC / TREA / DIR	☒ Change ☐ Addition
NAME	KRAMER, KENNETH	42 NAME		
STREET ADDRESS	248 W. CONGRESS	43 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI 48229	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	DIRECTOR / CHAIRMAN	☒ Change ☐ Addition
NAME	VAN CUTSEM, HUGH	52 NAME	DONALD H. BARDON	
STREET ADDRESS	KINGS LYNN	53 STREET ADDRESS	400 RENAISSANCE CTR	
CITY-ST-ZIP	NORFOLK, ENGLAND	54 CITY-ST-ZIP	DETROIT MI 48243	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, TAYLOR	62 NAME		
STREET ADDRESS	27 W. 55TH ST.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019	64 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: _____ 4/26/95 520-888-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0903801 FP