SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 16 AM 10: 33

DOCUMENT # **F94000006326 (2)**

1. Corporation Name

PREFERRED NETWORKS, INC.

Principal Place of Business	Mailing Address
5801 GOSHEN SPRINGS ROAD #D NORCROSS GA 30071	5801 GOSHEN SPRINGS ROAD #D NORCROSS GA 30071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1994
3a. Date of Last Report:

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

4. FEI Number: 58-1954892 ☐ 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

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE., SUITE 200
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 _____ 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	CEOT	11 TITLE		☒ Change ☐ Addition
NAME	DUNAWAY, MARK H	12 NAME		
STREET ADDRESS	111 PEACHTREE PARK DRIVE, NE	13 STREET ADDRESS	944 Gatewood Court	
CITY ST ZIP	ATLANTA GA 30309	14 CITY ST ZIP	Atlanta, GA 30327	
TITLE	PTD	21 TITLE		☐ Change ☐ Addition
NAME	SANER, MICHAEL J	22 NAME		
STREET ADDRESS	5801 GOSHEN SPRINGS ROAD, SUITE D	23 STREET ADDRESS		
CITY ST ZIP	NORCROSS GA 30071	24 CITY ST ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	STEWART, RICHARD H	32 NAME		
STREET ADDRESS	1355 PEACHTREE ST., STE. 750	33 STREET ADDRESS		
CITY ST ZIP	ATLANTA GA 30309	34 CITY ST ZIP		
TITLE	ST	41 TITLE		☐ Change ☐ Addition
NAME	HASKINS, MARY ANN	42 NAME		
STREET ADDRESS	3477 NANTUCKET DR.	43 STREET ADDRESS		
CITY ST ZIP	MARIETTA GA 30068	44 CITY ST ZIP		
TITLE	VSD	51 TITLE		☐ Change ☐ Addition
NAME	KREEFT, EUGENE H	52 NAME		
STREET ADDRESS	5801 GOSHEN SPRINGS ROAD, SUITE D	53 STREET ADDRESS		
CITY ST ZIP	NORCROSS GA 30071	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SMITH, LLOYD M	62 NAME		
STREET ADDRESS	5801 GOSHEN SPRINGS ROAD, SUITE D	63 STREET ADDRESS		
CITY ST ZIP	NORCROSS GA 30071	64 CITY ST ZIP		

CR2E034 (3/95)

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: Mary Ann Haskins 6-8-95 404 416-5830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176170 FP