

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 # F94000006326 (2)

1. Corporation Name

PREFERRED NETWORKS, INC.

Principal Place of Business

5801 GOSHEN SPRINGS ROAD #D
NORCROSS GA 30071

Mailing Address

5801 GOSHEN SPRINGS ROAD #D
NORCROSS GA 30071



3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21 5300 OAKBROOK PARKWAY

26 5300 OAKBROOK PARKWAY

4. FEI Number

58-1954892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

Suite 320

27 Suite, Apt. #, etc.

Suite 320

23 City & State

Norcross, GA 30093

28 City & State

NORCROSS, GA 30093

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVE., SUITE 200
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

CEOT

☐ DELETE

NAME

DUNAWAY, MARK H

STREET ADDRESS

944 GATEWOOD CT

CITY-STATE-ZIP

ATLANTA GA

TITLE

PTD

☐ DELETE

NAME

SANER, MICHAEL J

STREET ADDRESS

5801 GOSHEN SPRINGS ROAD, SUITE D

CITY-STATE-ZIP

NORCROSS GA 30071

TITLE

VSD

☒ DELETE

NAME

STEWART, RICHARD H

STREET ADDRESS

1355 PEACHTREE ST., STE. 750

CITY-STATE-ZIP

ATLANTA GA 30309

TITLE

ST

☐ DELETE

NAME

HASKINS, MARY ANN

STREET ADDRESS

3477 NANTUCKET DR.

CITY-STATE-ZIP

MARIETTA GA 30068

TITLE

VSD

☐ DELETE

NAME

KREEFT, EUGENE H

STREET ADDRESS

5801 GOSHEN SPRINGS ROAD, SUITE D

CITY-STATE-ZIP

NORCROSS GA 30071

TITLE

D

☒ DELETE

NAME

SMITH, LLOYD M

STREET ADDRESS

5801 GOSHEN SPRINGS ROAD, SUITE D

CITY-STATE-ZIP

NORCROSS GA 30071

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 (770) 806-6987

CR2E034 (12/95)