

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

7260 0 233.75
9/14
356 018337

DOCUMENT # F95000000422 (4)

1. Corporation Name

NETWORK SYSTEM SOLUTIONS, INC.



Principal Place of Business

Mailing Address

1873 SOUTH BELLAIRE STREET
SUITE 1525
DENVER CO 80222

1873 SOUTH BELLAIRE STREET
SUITE 1525
DENVER CO 80222

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

01/26/1995

3a. Date of Last Report

4. FEI Number

84-1115310

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

TRUMBLE, TERRILL J
COMMANDING OFFICER
NAVAL AVIATION DEPOT, BLDG. 101
JACKSONVILLE FL 32212-0018

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

Signature typed or printed name of registered agent and trust applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME CHRISTEUSEN, DAVID C
STREET ADDRESS 1873 SO. BELLAIRE STREET, STE 1525
CITY - ST - ZIP DENVER CO

☒ DELETE

TITLE V
NAME KIRBY, JAMES A
STREET ADDRESS 1873 SO. BELLAIRE STREET, STE 1525
CITY - ST - ZIP DENVER CO

☒ DELETE

TITLE SD
NAME BINNING, THOMAS W
STREET ADDRESS 1873 SO. BELLAIRE STREET, STE 1550
CITY - ST - ZIP DENVER CO

☐ DELETE

TITLE CTD
NAME FAUCH, ROBERT C
STREET ADDRESS 1873 SO. BELLAIRE STREET, STE 1550
CITY - ST - ZIP DENVER CO

☒ DELETE

TITLE D
NAME WANDRY, DEAN
STREET ADDRESS 1873 SO. BELLAIRE STREET, STE 1550
CITY - ST - ZIP DENVER CO

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CDP
1.2 NAME FANCH, ROBERT C.
1.3 STREET ADDRESS 1873 SO. BELLAIRE ST, STE 1525
1.4 CITY - ST - ZIP DENVER, CO 80222

☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME BRANNON, JOSEPH B
2.3 STREET ADDRESS 1873 SO. BELLAIRE ST, STE 1525
2.4 CITY - ST - ZIP DENVER, CO 80222

☐ Change ☒ Addition

3.1 TITLE VD
3.2 NAME WALTERS, STEPHEN F
3.3 STREET ADDRESS 1873 SO. BELLAIRE ST, STE 1525
3.4 CITY - ST - ZIP DENVER, CO 80222

☐ Change ☒ Addition

4.1 TITLE V
4.2 NAME JURACEK, THOMAS J
4.3 STREET ADDRESS 1873 SO. BELLAIRE ST, STE 1525
4.4 CITY - ST - ZIP DENVER, CO 80222

☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME POTTLE, JACK T
5.3 STREET ADDRESS 1873 SO. BELLAIRE ST, STE 1525
5.4 CITY - ST - ZIP DENVER, CO 80222

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, 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

6/14/96

On-line Phone #

CR2E034 (3/96)