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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000001338 (1)

1. Corporation Name
NETWORK ENABLE, INC.



Principal Place of Business

PO BOX 500
BLUE BELL PA 19424

Mailing Address

PO BOX 500
BLUE BELL PA 19424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1995

4. FEI Number

23-2802180

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 TOWNSHIP LINE + UNION MEETING
ROAD

City & State

23 BLUE BELL PA

Zip

24 19424

Country

2a. Mailing Address

26 PO BOX 500

City & State

28 BLUE BELL PA

Zip

29 19424-0004

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME GAGLIARDI, GERALD A
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS
CITY-ST-ZIP BLUE BELL PA 19424

TITLE VD
NAME MARTIN, STEPHEN W
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS
CITY-ST-ZIP BLUE BELL PA 19424

TITLE DV
NAME SMPLOT, ROBERT D
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS
CITY-ST-ZIP BLUE BELL PA 19424

TITLE VS
NAME ANDERSON, RONALD C
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS
CITY-ST-ZIP BLUE BELL PA 19424

TITLE VT
NAME NOLL, PETER S.
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS
CITY-ST-ZIP BLUE BELL PA

TITLE AS
NAME KEENE, SUSAN T
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS
CITY-ST-ZIP BLUE BELL PA 19424

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 19424

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

14. I hereby certify that the information supplied with this filing 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

RONALD C. ANDERSON

4/22/98 615-296-4744

CR2E034 (10/97)