

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90031 048 \*\*\*150.00

DOCUMENT # F95000001338

1. Corporation Name  
NETWORK ENABLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
TOWNSHIP LINE & UNION MEETING ROAD  
BLUE BELL PA 19424  
US

Mailing Address  
P O BOX 500  
M/S CHSE14  
BLUE BELL PA 19424-004  
US

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Unisys Way

Suite, Apt. #, etc.

22 City & State

23 Blue Bell Pa

Zip

24 19424

Country

2a. Mailing Address

26 Unisys Way

Suite, Apt. #, etc.

27 m/s E8-120

28 City & State

29 Blue Bell Pa

Zip

29 19424

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE DV ☐ DELETE

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

TITLE VS ☒ DELETE

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

TITLE VT ☐ DELETE

NAME NOLL, PETER S.  
STREET ADDRESS TOWNSHIP LINE AND UNION MEETING ROADS  
CITY-ST-ZIP BLUE BELL PA 19424

TITLE AS ☐ DELETE

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 Unisys Way m/s E8-120

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Unisys Way m/s E8-120

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Unisys Way m/s E8-120

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

6.1 TITLE Vice President and sec ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Unisys Way m/s E8-120

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, with all other like empowered.

SIGNATURE:

Susan T. Keene  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

(215) 986-4744

Daytime Phone #

CR2E034 (11/98)

544880-90031-48  
F9500000 1338

NETWORK ENABLE, INC.

Officers:

Gerald A. Gagliardi  
Stephen W. Martin  
Robert D. Simplot  
Susan T. Keene  
Peter S. Noll  
Mary Kay Gould  
Jack R. Silverberg

Chairman of the Board and President  
Vice President  
Vice President  
Vice President and Secretary  
Vice President and Treasurer  
Assistant Secretary  
Assistant Treasurer

Directors:

Gerald A. Gagliardi  
Stephen W. Martin  
Robert D. Simplot

THE ABOVE NAMED OFFICERS AND DIRECTORS CAN BE CONTACTED AT:

Network Enable, Inc.  
Unisys Way  
Blue Bell, PA 19424