

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90192 031 ***150.00

DOCUMENT # #F95000001338

1. Entity Name

NETWORK ENABLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

UNISYS WAY

Suite, Apt. #, etc.

3. Mailing Address

UNISYS WAY

Suite, Apt. #, etc.

M/S E8-120

DO NOT WRITE IN THIS SPACE

City & State
BLUE BELL, PA.

Zip
19424

Country
USA

City & State
BLUE BELL, PA.

Zip
19424

Country
USA

4. FEI Number
23-2802180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City
PLANTATION

FL Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back). ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Chair of Board/President
Nancy L. Miller
Unisys Way E8-120
Blue Bell, PA. 19424

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/C
Robert Manturuk
Unisys Way E8-120
Blue Bell, Pa. 19424

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/S
Susan T. Keene
Unisys Way E8-120
Blue Bell, PA. 19424

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/T
Peter S. Noll
Unisys Way E8-120
Blue Bell, PA. 19424

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Asst. Secretary
Mary Kay Gould
Unisys Way E8-120
Blue Bell, PA. 19424

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #