


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90392 024 ***150.00

DOCUMENT # F95000001338	
1. Entity Name NETWORK ENABLE, INC.	

Principal Place of Business UNISYS WAY BLUE BELL, PA 19424 US	Mailing Address UNISYS WAY M/S E8-120 BLUE BELL, PA 19424 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40073000



04192006 Chg-P CR2E034 (11/05)

4. FEI Number 23-2802180	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NANCY L	NAME	
STREET ADDRESS	UNISYS WAY, M/S E8-120	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19424	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTURUK, ROBERT S	NAME	
STREET ADDRESS	UNISYS WAY M/S E8-120	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19424	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, MARY KAY	NAME	
STREET ADDRESS	UNISYS WAY M/S E8-120	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19424	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCK, NOEL G.J.	NAME	
STREET ADDRESS	UNISYS WAY M/S E8-120	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19424	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKISIAN, EDWARD A.	NAME	
STREET ADDRESS	UNISYS WAY M/S E8-120	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19424	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, SUSAN T	NAME	
STREET ADDRESS	UNISYS WAY M/S E8-120	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19424	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Shawn J. Kern</u>	<u>JP & Secretary</u>	<u>4/21/06</u>	<u>215-986-2757</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT
40075303
F95000001338
NETWORK ENABLE, INC.

Headquarters: Unisys Way
Blue Bell, Pennsylvania 19424

Directors: Susan T. Keene
Nancy L. Miller
Edward A. Sarkisian

Officers:	Nancy L. Miller	Chairman of the Board and President
	Susan T. Keene	Vice President and Secretary
	Edward A. Sarkisian	Vice President and Treasurer
	Mary Kay Gould	Assistant Secretary

June 27, 2005