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

Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** F95000002897 (5) DOCUMENT #
1. Corporation Name MFS DATANET, INC. Principal Place of Business Mailing Address 11808 MIRACLE HILLS DR 11808 MIRACLE HILLS DR OMAHA NE 68154 OMAHA NE 68154 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/15/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 47-0751829 515 East Amite Street 515 Engl Amite Street Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Jackson **N5** Jachson Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible US 29 89201-2702 25 39201-2702 us Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 63 84 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE Mesident GERSHIEN, MARK L Bernard J. Ebbers 515 East Amite St. NAME 1.2 NAME 2E634 11808 MIRACLE HILLS DR STREET ADDRESS 1.3 STREET ADDRESS OMAHA NE CITY-ST-ZIP 1.4 CITY-ST-ZIP Vachson NS 39201-2702 **CFOV** DELETE Change Addition TITLE 2.1 TITLE YP/Controller PIAZZI, DAVID L David F. Myore 515 East Amile St. 2.2 NAME 11808 MIRACLE HILLS DR STREET ADDRESS 2.3 STREET ADDRESS OMAHA NE Jackson MS 39201-2702 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Becretary Addition BEAUMONT, RONALD R NAME 3.2 NAME Boott D. Bullivan 11808 MIRACLE HILLS DR STREET ADDRESS 515 East Amite St. 3.3 STREET ADDRESS OMAHA NE 3.4. CITY - ST - ZIP Uachean MS 39201-2702 CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE ☐ Addition Treasurer SIDGMORE, JOHN W Scott D. Bullyan NAME 4. 2 NAME 11808 MIRACLE HILLS DR BIB East Amita St. STREET ADDRESS 4.3 STREET ADORESS OMAHA NE 39201-2102 4.4 CITY - ST- ZIP CITY-ST-ZIP **X** DELETE Change 5.1 TITLE ☐ Addition TITLE Director

OMAHA NE 39201-2702 CITY-ST-ZIP 6.4 CITY-ST-ZIP **Jockson** 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.

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ACCRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

KEITH, DEBRA

LUDVIK, ROBERT J

**OMAHA NE** 

11808 MIRACLE HILLS DR

11808 MIRACLE HILLS DR

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

138 Agus

DELETE

MS 39201-2702

Bernard J. Ebbera

JOCKSON.

Director

515 East Amite St.

Churles T. Cannada. 518 East Amite St.

FILED

(601) 360-8602

Addition

Change