

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 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 016 ***150.00

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DOCUMENT # F95000002897

1. Corporation Name
MFS DATANET, INC.

Principal Place of Business
515 E AMITE STREET
JACKSON MS 39201-2702
US

Mailing Address
~~515 E AMITE STREET~~
~~JACKSON MS 39201-2702~~
~~US~~



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1995

4. FEI Number
47-0751829

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1133 19th Street, N.W. Wash. D.C. 20036

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NRAI SERVICES, INC.
528 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME EBBERS, BERNARD J.
STREET ADDRESS 515 E AMITE ST
CITY-ST-ZIP JACKSON MS 39201

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

TITLE VPC ☒ DELETE
NAME MYERS, DAVID F.
STREET ADDRESS 515 E AMITE ST
CITY-ST-ZIP JACKSON MS 39201

2.1 TITLE V.P. & Gen. Tax Counsel ☐ Change ☒ Addition
2.2 NAME WALTER NAGEL
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 1133 19th Street, N.W. Wash. D.C. 20036

TITLE ST ☐ DELETE
NAME SULLIVAN, SCOTT D.
STREET ADDRESS 515 E AMITE ST
CITY-ST-ZIP JACKSON MS 39201

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

TITLE D ☐ DELETE
NAME CANNADA, CHARLES T.
STREET ADDRESS 515 E. AMITE STREET
CITY-ST-ZIP JACKSON MS 39201

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME SCOTT SULLIVAN
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Walter Nagel

4/29/99 202-736-6000

Date

Daytime Phone #

CR2E034 (11/98)