


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90007 041 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003997

1. Corporation Name

VINNET, INC.

Principal Place of Business
**900 BESTGATE ROAD, STE. 410
ANNAPOLIS MD 21401**

Mailing Address
**900 BESTGATE ROAD, STE. 410
ANNAPOLIS MD 21401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEYNHAEVE, DENIS	1.2 NAME	MARK WARD
STREET ADDRESS	220 WARDOUR DR.	1.3 STREET ADDRESS	30 SOUTH WACKER DRIVE, FLOOR 37
CITY-ST-ZIP	ANNAAPOLIS MD	1.4 CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL, STANLEY	2.2 NAME	JOSEPH BAYNE
STREET ADDRESS	25 CATHEDRAL STREET	2.3 STREET ADDRESS	900 BESTGATE ROAD, SUITE 410
CITY-ST-ZIP	ANNAPOLIS MD	2.4 CITY-ST-ZIP	ANNAPOLIS, MD 21402
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPENCER, GEORGE	3.2 NAME	MARY SUE DILEGO
STREET ADDRESS	205 N. MICHIGAN AVENUE, #808	3.3 STREET ADDRESS	900 BESTGATE ROAD, SUITE 410
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	ANNAPOLIS, MD 21402
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DARRELL	4.2 NAME	
STREET ADDRESS	30 SOUTH WACKER DRIVE, FLOOR 37	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINZI, ROBERT	5.2 NAME	
STREET ADDRESS	3000 SAND HILL ROAD, BLD. 3, SUITE 170	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENIO PARK CA 94025	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, JANET	6.2 NAME	
STREET ADDRESS	277 PARK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10172	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.

SIGNATURE:

Mary Sue Dilego

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY SUE DILEGO

7/27/99

(410) 224-2000, X-4227

Daytime Phone #

V. P. FINANCE & ADMINISTRATION

CR2E034 (5/99)

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