

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F 95000004847

1. Corporation Name

PREFERRED NETWORKS SOUTHEAST, INC.

Principal Place of Business

Mailing Address

5300 OAKBROOK PARKWAY
STE. 320
NORCROSS, GA 30093

3. Date Incorporated or Qualified

10/6/95

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 5300 OAKBROOK PKWY

26 5300 OAKBROOK PKWY

4. FEI Number

58-1954892

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 320

27 STE. 320

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 NORCROSS, GA

28 NORCROSS, GA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 30093

25

29 30093

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NATIONS CORP REGISTERED AGENTS, INC.
520 E. PARK AVE., STE 200
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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO & DIRECTOR	<input type="checkbox"/> DELETE
NAME	MARK H. DUNAWAY	
STREET ADDRESS	5300 OAKBROOK PKWY, STE 320	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE	PRESIDENT & DIRECTOR	<input type="checkbox"/> DELETE
NAME	MICHAEL J. SAWER	
STREET ADDRESS	5300 OAKBROOK PKWY, STE 320	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE	EXECUTIVE VICE PRES.	<input type="checkbox"/> DELETE
NAME	EUGENE H. KREFFT	
STREET ADDRESS	5300 OAKBROOK PKWY, STE 320	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE	CHIEF FINANCIAL OFF.	<input type="checkbox"/> DELETE
NAME	KIM SMITH HUGHES	
STREET ADDRESS	5300 OAKBROOK PKWY, STE 320	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE	V.P. of Corporate Relations	<input type="checkbox"/> DELETE
NAME	M. A. HASKINS	
STREET ADDRESS	5300 OAKBROOK PKWY, STE 320	
CITY-ST-ZIP	NORCROSS, GA 30093	
TITLE	VP of Legal Affairs/CL	<input type="checkbox"/> DELETE
NAME	MARK B. JONES	
STREET ADDRESS	5300 OAKBROOK PKWY, STE 320	
CITY-ST-ZIP	NORCROSS, GA 30093	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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4-23-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)