

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 # **F95000005433 (6)**

1. Corporation Name

CONSOLIDATED NETWORK INC.



Principal Place of Business

**121 S. 17TH STREET
MATTOON IL 61938**

Mailing Address

**121 S. 17TH STREET
MATTOON IL 61938**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

4. FEI Number

37-1176131

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME
LUMPKIN, RICHARD A
STREET ADDRESS
121 SOUTH 17TH STREET
CITY-ST-ZIP
MATTOON IL 61938

TITLE ☐ DELETE

NAME
VCD
STREET ADDRESS
CURREY, ROBERT J
CITY-ST-ZIP
121 SOUTH 17TH STREET
MATTOON IL 61938

TITLE ☐ DELETE

NAME
PGM
STREET ADDRESS
HARRINGTON, KENNETH A
CITY-ST-ZIP
540 MARYVILLE CENTRE DRIVE, SUITE 400
ST. LOUIS MO 63031

TITLE ☐ DELETE

NAME
VCD
STREET ADDRESS
PATRICK, J L
CITY-ST-ZIP
121 SOUTH 17TH STREET
MATTOON IL 61938

TITLE ☐ DELETE

NAME
TS
STREET ADDRESS
GRISSOM, STEVE L
CITY-ST-ZIP
121 SOUTH 17TH STREET
MATTOON IL 61938

TITLE ☐ DELETE

NAME
ATAS
STREET ADDRESS
FERGUSON, KEVIN R
CITY-ST-ZIP
121 SOUTH 17TH STREET
MATTOON IL 61938

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

S. L. Grissom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. L. GRISSOM, SECRETARY 4/25/96 (612)-235-4440

Date

Daytime Phone

CR2E034 (12/95)