

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005475 (7)

1. Corporation Name

MFS GLOBAL NETWORK SERVICES, INC.



Principal Place of Business

**3555 FARNAM STREET
SUITE 200
OMAHA NE 68131**

Mailing Address

**3555 FARNAM STREET
SUITE 200
OMAHA NE 68131**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

11/08/1995

3a. Date of Last Report

4. FEI Number

47-0793261

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

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 in parentheses

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	KEITH, DEBRA	
STREET ADDRESS	3555 FARNAM STREET, STE 200	
CITY-STATE-ZIP	OMAHA NE	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FERGUSON, TERRENCE J	
STREET ADDRESS	3555 FARNAM STREET, STE 200	
CITY-STATE-ZIP	OMAHA NE	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MCGINTY, BRIAN P	
STREET ADDRESS	3555 FARNAM STREET, STE 200	
CITY-STATE-ZIP	OMAHA NE	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'HARA, KEVIN J	
STREET ADDRESS	3555 FARNAM STREET, STE 200	
CITY-STATE-ZIP	OMAHA NE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROCKHURST, MARIE	
STREET ADDRESS	3555 FARNAM STREET, STE 200	
CITY-STATE-ZIP	OMAHA NE	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EUSKE, WILLIAM J	
STREET ADDRESS	3555 FARNAM STREET, STE 200	
CITY-STATE-ZIP	OMAHA NE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

Debra L Keith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

Date

(402) 977-5300

Daytime Phone #

CR2E034 (12/95)