

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

**11808 MIRACLE HILLS DR
OMAHA NE 68154
US**

Mailing Address

**11808 MIRACLE HILLS DR
OMAHA NE 68154
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 515 East Amite Street

Suite, Apt #, etc.

22

City & State

23 Jackson MS

Zip

Country

24 39201-2702 25 US

2a. Mailing Address

26 515 East Amite Street

Suite, Apt #, etc.

27

City & State

28 Jackson MS

Zip

Country

29 39201-2702 30 US

9. Name and Address of Current Registered Agent

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**VP
NAME KEITH, DEBRA
STREET ADDRESS 11808 MIRACLE HILL DR
CITY-ST-ZIP OMAHA NE**

TITLE ☒ DELETE

**D
NAME SIDGMORE, JOHN W
STREET ADDRESS 11808 MIRACLE HILLS DR
CITY-ST-ZIP OMAHA NE**

TITLE ☒ DELETE

**T
NAME PATEL, SUNIT S
STREET ADDRESS 11808 MIRACLE HILLS DR
CITY-ST-ZIP OMAHA NE**

TITLE ☒ DELETE

**PD
NAME O'HARA, KEVIN J
STREET ADDRESS 11808 MIRACLE HILLS DR
CITY-ST-ZIP OMAHA NE**

TITLE ☒ DELETE

**SVP
NAME BROCKHURST, MARIE
STREET ADDRESS 11808 MIRACLE HILLS DR
CITY-ST-ZIP OMAHA NE**

TITLE ☒ DELETE

**SVP
NAME EUSKE, WILLIAM J
STREET ADDRESS 11808 MIRACLE HILLS DR
CITY-ST-ZIP OMAHA NE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**President
Name Bernard J. Ebbens
Street Address 515 East Amite Street
City-ST-ZIP Jackson MS 39201-2702**

2.1 TITLE ☒ Change ☐ Addition

**VPI Controller
Name David F. Myers
Street Address 515 East Amite Street
City-ST-ZIP Jackson MS 39201-2702**

3.1 TITLE ☒ Change ☐ Addition

**Secretary
Name Scott D. Sullivan
Street Address 515 East Amite Street
City-ST-ZIP Jackson MS 39201-2702**

4.1 TITLE ☒ Change ☐ Addition

**Treasurer
Name Scott D. Sullivan
Street Address 515 East Amite Street
City-ST-ZIP Jackson MS 39201-2702**

5.1 TITLE ☒ Change ☐ Addition

**Director
Name Bernard J. Ebbens
Street Address 515 East Amite Street
City-ST-ZIP Jackson MS 39201-2702**

6.1 TITLE ☒ Change ☐ Addition

**Director
Name Charles T. Cannada
Street Address 515 East Amite Street
City-ST-ZIP Jackson MS 39201-2702**

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:

David F. Myers - David F. Myers

3/31/98

(m) 360-9600

CR2E034 (10/97)