

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002644 (0)**

1. Corporation Name

INDEPENDENT NETWORK SERVICES CORP

Principal Place of Business

**2600 N. CENTRAL AVE., STE. 1750
PHOENIX AZ 85004**

Mailing Address

**2600 N. CENTRAL AVE., STE. 1750
PHOENIX AZ 85004-3017**



2. Principal Place of Business

21 Suite, Apt. # etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

05/24/1996

3a. Date of Last Report

4. FEI Number

82-0471730

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

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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	PD	<input type="checkbox"/> DELETE
NAME	GUSTAFSON, RICHARD M	
STREET ADDRESS	2600 N. CENTRAL AVE., STE. 1750	
CITY-ST-ZIP	PHOENIX AZ 85004	
TITLE	CST	<input type="checkbox"/> DELETE
NAME	BLICKENSTAFF, LOREN D	
STREET ADDRESS	4215 COUNTRY CLUB	
CITY-ST-ZIP	BOISE ID 83705	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HARRINGTON, WILLIAM H	
STREET ADDRESS	10838 N. 10TH PLACE	
CITY-ST-ZIP	PHOENIX AZ 85020	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	WEST, TODD J	
STREET ADDRESS	4511 W. ORAIBI DR.	
CITY-ST-ZIP	GLENDALE AZ 85308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EMPIE, NICHOLAS	
STREET ADDRESS	7822 N. 32ND DR.	
CITY-ST-ZIP	PHOENIX AZ 85051	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRIS, LARRY A	
STREET ADDRESS	1597 SEAPROT COURT	
CITY-ST-ZIP	BOISE ID 83709	

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-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	

14. I do 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)