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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002759 (6)

1. Corporation Name

WEBSTER NETWORK STRATEGIES, INC.

Principal Place of Business

1100 5TH AVENUE SOUTH  
SUITE 308  
NAPLES FL 33940

Mailing Address

1100 5TH AVENUE SOUTH  
SUITE 308  
NAPLES FL 34102-6407

3. Date Incorporated or Qualified

05/31/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 307

27 Suite 307

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

APPLIED FOR 65-0667443

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

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

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BESEKE, KERMIT	
STREET ADDRESS	2875 LONG LAKE ROAD	
CITY-ST-ZIP	ROSEVILLE MN	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NORDAHL, DEAN	
STREET ADDRESS	2875 LONG LAKE ROAD	
CITY-ST-ZIP	ROSEVILLE MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIETS, RICHARD	
STREET ADDRESS	1100 5TH AVENUE SOUTH, STE 308	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAURER, STEVE	
STREET ADDRESS	2875 LONG LAKE ROAD	
CITY-ST-ZIP	ROSEVILLE MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey H. Waxman	
1.3 STREET ADDRESS	4985 Hugo Court	
1.4 CITY-ST-ZIP	Park City, UT 84098	
2.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Timothy P. McGurran	
2.3 STREET ADDRESS	11240 218th St N	
2.4 CITY-ST-ZIP	Scandia, MN 55073	
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 by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy P. McGurran 4/22/97 612-628-2700

Date

Daytime Phone #

CR2E034 (9/96)