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FILED  
May 28 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 # F96000003022 (8)

1. Corporation Name  
~~AT&T INTELLIGENT NETWORK SERVICES, INC.~~  
*Name changed to Global Signaling Network, Inc. 3-21-98*

Principal Place of Business Mailing Address  
5000 CARILLON POINT KIRKLAND WA 98033 5000 CARILLON POINT KIRKLAND WA 98033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/17/1986

4. FEI Number  
91-1705516 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 *N/A*

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 705  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
*Change of agent form submitted by CT Corporation System*

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 is not applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HESSE, DANIEL K	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LANDIS, GREGORY P	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMAS, MARK U	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HUFF, ROLLA	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUARTNER, ANDREW	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WILDEROTTER, MAGGIE	
STREET ADDRESS	5000 CARILLON POINT	
CITY-ST-ZIP	KIRKLAND WA 98033	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>S/D</i>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>VP</i>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>VP / AS</i>
4.3 STREET ADDRESS	<i>Marsh, Jennifer</i>
4.4 CITY-ST-ZIP	<i>5000 Carillon Point Kirkland, WA 98033</i>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>VP / CFO / T / D</i>
5.3 STREET ADDRESS	<i>Thompson, John D.</i>
5.4 CITY-ST-ZIP	<i>5000 Carillon Point Kirkland, WA 98033</i>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>500002539405</i>
6.3 STREET ADDRESS	<i>-05/28/98--01075--048</i>
6.4 CITY-ST-ZIP	<i>***150.00</i>

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.

CR2E034 (10/97)