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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003722 (3)

BERRY NETWORK, INC.

Principal Place of Business		Mailing Address		A INDIALOG SING PALAG MANTE MANTE MENTE	MUNICUMATUM CIEST EMBEM EST	J\$ 1161 LD61	
3170 KETTERING BLVD. P.O. BOX 6000		3170 KETTERING BLVD. P.O. BOX 6000					
DAYTON OH 45401-6000		DAYTON OH 45401-6000					
					3. Date incorporated or Qualified 07/23/1996	3a. Date of Last	Report
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1 1/	Applied For
21		26			31-0920849		lot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	T	Additional
22]		27			b. Certificate of States Desired	Fee	Required
City & Stati	е	City & State			6. Election Campaign Financing		May Be
Zip Country		Zip Country			Trust Fund Contribution Added to Fees		
24	├ ─┪ ′	25 29 30			B. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes		
24	9. Name and Address of Current				10. Name and Address of New Registered Agent		
THE	PRENTICE-HALL CORPORATION		61 Na	ıme		**************************************	
	1 HAYS STREET	OTOTEM, IIIO	82 Str		(2.0. D. M		
SUITE 105				eer Addre	ass (P.O. Box Number is Not Acceptab	ie)	
TALLAHASSEE FL 32301			83				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84 Cit			ae 7in	Code
	84 Cit	s y		FL 85 Zip	Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-nar	med corp	oration submits this statement for the p	urpose of changing	its registered
agent La	registered agont, or both, in the state in familiar with, and accept the obligation of the state in the state	or Florida. Such change was a tions of, Section 607.0505, Fix	authorized by the orida Statutes.	corporati	on's board of directors. I hereby accep	t the appointment a	s registered
SIGNATURE							
	Signature, typed or printed name of registered ages		E Registered Agent sign	nature require		DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
TITLE NAME	C Smith, Elmer L	ר"ו הברבוב	1.1 TITLE 1.2 NAME	C/	D	Change	Moosion
STREET ADDRESS	3170 KETTERING BLVD.		1.3 STREET ADDR	,ECC			
C-TY-ST-ZIP	KETTERING OH 45439-1975		1.4 CITY-ST-ZIP	1233			
TITLE	DV	DELETE	2.1 TITLE	_	The state of the s	Change	Addition
NAME.	LUONGO, PETER A		2.2 NAME				
STREET ADORESS	3170 KETTERING BLVD.		2.3 STREET ADDR	ESS			
CHY-\$1-7/P	KETTERING OH 45439-1975		2.4 CITY - ST - ZIF	,			
TITLE	D	DELETE.	3.1 TITLE	D/	/ V	Change	Addition
NAME	ZIMMER, DONALD P		3.2 NAME	'			
STREET ADDRESS	3170 KETTERING BLVD.		3.3 STREET ADDR	IESS			
CITY - ST - 7/P	KETTERING OH 45439-1975	F3	3.4 CITY-ST-ZIF	·			
THLE	P PARIS PARIE :	☐ DELETE	4.1 TITLE			L Change	: L Addition
NAME	GRAHAM, DANIEL J		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDR	1			
CITY-ST-7IP	KETTERING OH 45439-1975	DELETE	4.4 CITY-ST-ZIP			Change	Addition
THLE NAME	S ARMANINI, JOSEPH S	["] percit	5.1 TITLE 5.2 NAME			E DINNE	LT VOIDOU
STREET ADDRESS	3170 KETTERING BLVD.		5.3 STREET ADDR	itee			
DITY+ST-7IP	KETTERING OH 45439-1975		5.4 CITY-ST-ZIP				,
TOTLE	T	DELETE	6.1 TITLE			☐ Change	Addition
NAME	MILANO, STEVEN D		62 NAME				
STREET ADDRESS	3170 KETTERING BLVD.		6.3 STREET ADDR	IESS			
City-St-ZP	KETTERING OH 45439-1975		6.4 CITY - ST - ZIP	1			
14. I do here	by certify that the information supplied	with this filing does not quali	ty for the exempt	on stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify the	at the
Information	on indicated on this armual report or sofficer or director of the corporation or.	uppremental annual report is t the receiver or trustee emboy	true and accurate vered to execute	and that this report	my signature shall have the same lega t as required by Chapter 607, Florida S	i effect as it made t tatutes; and that my	nder oath; that rhame
information indicated on this armual 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an all accument with an address.							

SIGNATURE:

ATUDE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OF SIRECTOR

3-27-97 (937) 296-2246

FILED

Apr 07 1997 8:00am

Secretary of State