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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600003722

1. Corporation Name

BERRY NETWORK, INC.

Princ	cipal	Place o	of Busines
3170	KET	TERING	BLVD.
P.O.	BOX	6000	

DA'

23

24

Mailing Address

## FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90094 046 \*\*\*150.00



0 Kettering BLVD. ). Box 6000 YTON OH 45401-6000		3170 KETTERING BLVD. P.O. BOX 6000 DAYTON OH 45401-6000			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 07/23/1996			
Principal Place of Business		2a. Mailing Address			4. FEI Number	L	Applied For	
		26			31-0920849		Not Applicable	
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional Be Required	
'City & State		City & State			Election Campaign Financing     Trust Fund Contribution	•	.00 May Be ded to Fees	
Zip	Country 25	Zip Country		This corporation owes the current year in Personal Property Tax.	ntangible XYes			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
1201 HAYS STREET PORCES			82	82 Street Address (P.O. Box Number is Not Acceptable)				
	105 (한당학자) 및 돌파면 ASSEE FL 32301m		83					
1.	* • • • • • • • • • • • • • • • • • • •		84	City	FI	_ ] . ].	Zip Code	
office or regis	tered agent, or both, in the State	02 and 607.1508, Florida Statutes, the of Florida. Such change was authorize ations of, Section 607.0505, Florida Sta	ed by	the corporation	ration submits this statement for the purpose o i's board of directors. I hereby accept the appo	f changir sintment	ng its registered as registered	

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requi DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE CD TITLE SMITH, ELMER L 12 NAME NAME 3170 KETTERING BLVD. 1.3 STREET ADDRESS STREET ADDRESS **KETTERING OH 45439** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE □ DELETE 2.1 TITLE LUONGO, PETER A 2.2 NAME NAME 3170 KETTERING BLVD. 2.3 STREET ADDRESS STREET ADDRESS KETTERING OH: 45439-1975:--2.14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change DELETE 3.1 TITLE TITLE JOHN P. VAN VLACK ZIMMER: DONALD P 3.2 NAME NAME 3170 KETTERING BLVD. 3.3 STREET ADDRESS STREET ADDRESS **KETTERING OH 45439** 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ D€LETE 4.1 TITLE TITLE GRAHAM, DANIEL J 4. 2 NAME NAME 3170 KETTERING BLVD. STREET ADDRESS 4.3 STREET ADDRESS **KETTERING OH 45439-1975** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME ARMANINI, JOSEPH S NAME 5.3 STREET ADDRESS 3170 KETTERING BLVD. STREET ADDRESS **KETTERING OH 45439-1975** 5.4 CITY-ST-ZIP CITY-ST-ZIF Addition 6.1 TITLE Change DELETE TITLE 62 NAME MILANO, STEVEN D NAME 171 3170 KETTERING BLVD. 6.3 STREET ADDRESS STREET ADDRESS **KETTERING OH 45439-1975** 6.4 CiTY-ST-ZiP

CITY-ST-ZIP 4. 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, with all other like empowered.

SIGNATURE:

CR2F034-(11/98)