

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

FILED  
Apr 15 1997 8:00am  
Secretary of State

DOCUMENT # F96000005826 (0)

1. Corporation Name

DATA SYSTEMS NETWORK CORPORATION



Principal Place of Business

34705 WEST TWELVE MILE ROAD, SUITE 300  
FARMINGTON HILLS MI 48331

Mailing Address

34705 WEST TWELVE MILE ROAD, SUITE 300  
FARMINGTON HILLS MI 48331-3272

3. Date Incorporated or Qualified

11/07/1996

3a. Date of Last Report

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

4. FEI Number

38-2649874

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	PC	<input type="checkbox"/> DELETE
NAME	GRIEVES, MICHAEL W.	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY- ST- ZIP	FARMINGTON HILLS MI 48331	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COCKE, GREGORY D	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY- ST- ZIP	FARMINGTON HILLS MI 48331	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIEVES, DIANE L	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY- ST- ZIP	FARMINGTON HILLS MI 48331	
TITLE	C	<input type="checkbox"/> DELETE
NAME	GRIEVES, MICHAEL W.	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY- ST- ZIP	FARMINGTON HILLS MI 48331	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASPATORE, WALTER J	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY- ST- ZIP	FARMINGTON HILLS MI 48331	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BURKHART, RICHARD A	
STREET ADDRESS	34705 WEST TWELVE MILE ROAD, SUITE 300	
CITY- ST- ZIP	FARMINGTON HILLS MI 48331	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILIP GOY	
1.3 STREET ADDRESS	34705 W. 12 MILE RD - SUITE 300	
1.4 CITY- ST- ZIP	FARMINGTON HILLS, MI 48331	
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, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-97

810-489-7117

CR2E034 (9/96)