

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000005826**

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**

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90015 018 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/07/1996**

4. FEI Number

**38-2649874**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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 *Michael Jansen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/14/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **DUSA, JERRY A**  
STREET ADDRESS **34705 WEST TWELVE MILE ROAD, SUITE 300**  
CITY-ST-ZIP **FARMINGTON HILLS MI 48331**

TITLE **VT** ☐ DELETE  
NAME **LYCHOS, JOHN**  
STREET ADDRESS **34705 WEST TWELVE MILE ROAD, SUITE 300**  
CITY-ST-ZIP **FARMINGTON HILLS MI 48331**

TITLE **S** ☐ DELETE  
NAME **GRIEVES, DIANE L**  
STREET ADDRESS **34705 WEST TWELVE MILE ROAD, SUITE 300**  
CITY-ST-ZIP **FARMINGTON HILLS MI 48331**

TITLE **C** ☐ DELETE  
NAME **GRIEVES, MICHAEL W**  
STREET ADDRESS **34705 WEST TWELVE MILE ROAD, SUITE 300**  
CITY-ST-ZIP **FARMINGTON HILLS MI**

TITLE **D** ☐ DELETE  
NAME **ASPATORE, WALTER J**  
STREET ADDRESS **34705 WEST TWELVE MILE ROAD, SUITE 300**  
CITY-ST-ZIP **FARMINGTON HILLS MI 48331**

TITLE **DT** ☐ 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 **V** ☐ Change ☒ Addition  
1.2 NAME **Michael Jansen**  
1.3 STREET ADDRESS **34705 West Twelve Mile Road, Suite 300**  
1.4 CITY-ST-ZIP **Farmington Hills, Michigan 48331**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: *Michael Jansen*

**7/14/99 248-489-8700**

CR2E034 (5/99)