

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001847

1. Entity Name

N.E.T. FEDERAL, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91000 028 ***150.00

Principal Place of Business

Mailing Address

8300 BOONE BLVD., #600
VIENNA VA 22182-2626

6530 PASEO PADRE PARKWAY
FREMONT CA 94555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1455392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEMS, INC.
1201 HAYS STREET
#105
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FORBES, CRAIG W
STREET ADDRESS 6530 PASEO PADRE PARKWAY
CITY-ST-ZIP FREMONT CA 94555

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BATTY, JOHN C
STREET ADDRESS 6530 PASEO PADRE PARKWAY
CITY-ST-ZIP FREMONT CA 94555

TITLE ☐ Change ☒ Addition
NAME S/D BATTY, JOHN C
STREET ADDRESS 6530 PASEO PADRE PKWY
CITY-ST-ZIP FREMONT CA 94555

TITLE SD ☒ Delete
NAME MORAN, MARY ANN
STREET ADDRESS 6530 PASEO PADRE PARKWAY
CITY-ST-ZIP FREMONT CA 94555

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WOLF, HANS A
STREET ADDRESS 6530 PASEO PADRE PARKWAY
CITY-ST-ZIP FREMONT CA 94555

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CALUBINE, DEBORAH L
STREET ADDRESS 8300 BOONE BLVD.
CITY-ST-ZIP VIENNA VA 22182-2626

TITLE ☒ Change ☐ Addition
NAME T CALUBINE, DEBORAH
STREET ADDRESS 8300 BOONE BLVD
CITY-ST-ZIP VIENNA VA 22182-2626

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME AS
STREET ADDRESS VOGELSANG, FRUTHEM
CITY-ST-ZIP 6530 PASEO PADRE PARKWAY
FREMONT CA 94555

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)