

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90129 038 ***150.00

DOCUMENT # F97000001847

1. Entity Name
N.E.T. FEDERAL, INC.

Principal Place of Business
8300 BOONE BLVD., #600
VIENNA VA 22182-2626

Mailing Address
6530 PASEO PADRE PARKWAY
FREMONT CA 94555



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
6900 Paseo Padre Parkway
 Suite, Apt. #, etc.

City & State

City & State
Fremont, CA

4. FEI Number
54-1455392

Applied For
 Not Applicable

Zip Country

Zip Country
94555 USA

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 _____ (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, 2002 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 Delete
 NAME **PD FORBES, CRAIG W**
 STREET ADDRESS **6530 PASEO PADRE PARKWAY**
 CITY-ST-ZIP **FREMONT CA 94555**

TITLE Change Addition
 NAME
 STREET ADDRESS **6900 Paseo Padre Parkway**
 CITY-ST-ZIP **Fremont, CA 94555**

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

TITLE Change Addition
 NAME
 STREET ADDRESS **6900 Paseo Padre Parkway**
 CITY-ST-ZIP **Fremont, CA 94555**

TITLE Delete
 NAME **AS VOGELSANG, RUTHEM**
 STREET ADDRESS **6530 PASEO PADRE PKWY**
 CITY-ST-ZIP **FREMONT CA 94555**

TITLE Change Addition
 NAME
 STREET ADDRESS **6900 Paseo Padre Parkway**
 CITY-ST-ZIP **Fremont, CA 94555**

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

TITLE Change Addition
 NAME
 STREET ADDRESS **6900 Paseo Padre Parkway**
 CITY-ST-ZIP **Fremont, CA 94555**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **V LAU, GARY L.**
 STREET ADDRESS **8300 Boone Blvd.**
 CITY-ST-ZIP **Vienna, VA 22182-2626**

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 REQUIRED **Ruth M. Vogelsang** 4/29/02 **510-574-4196**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)