

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90042 009 \*\*\*150.00

**DOCUMENT # F97000001847**

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



Principal Place of Business  
**21660 RIDGETOP CIRCLE  
# 100  
DULLES, VA 20147**

Mailing Address  
**6900 PASEO PADRE PKWY  
FREMONT, CA 94555**

**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-P CR2E034 (11/05)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOECK, DENNIS 6900 PASEO PADRE PKWY FREMONT, CA 94555
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PINER, LILY 6900 PASEO PADRE PKWY FREMONT, CA 94555
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <del>SAUSINE</del> NELSON, DEBORAH 21660 RIDGETOP CIRCLE # 100 DULLES, VA 20147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAU, GARY L 21660 RIDGETOP CIRCLE, # 100 DULLES, VA 20147
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGRATH, JOHN F JR 6900 PASEO PADRE PKWY FREMONT, CA 94555
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: John F. McGrath, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/07 510-713-7300