

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001847

FILED  
Apr 20, 2010  
Secretary of State

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

**Current Principal Place of Business:**

21660 RIDGETOP CIRCLE  
# 100  
DULLES, VA 20147

**New Principal Place of Business:**

**Current Mailing Address:**

6900 PASEO PADRE PKWY  
FREMONT, CA 94555

**New Mailing Address:**

FEI Number: 54-1455392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V  
Name: HOECK, DENNIS  
Address: 6900 PASEO PADRE PKWY  
City-St-Zip: FREMONT, CA 94555

Title: S  
Name: PINER, LILY  
Address: 6900 PASEO PADRE PKWY  
City-St-Zip: FREMONT, CA 94555

Title: T  
Name: NELSON, DEBORAH  
Address: 21660 RIDGETOP CIRCLE # 100  
City-St-Zip: DULLES, VA 20147

Title: PD  
Name: FITZPATRICK, JAMES T  
Address: 21660 RIDGETOP CIRCLE, # 100  
City-St-Zip: DULLES, VA 20147

Title: D  
Name: WAGENSELLER, DAVID N  
Address: 6900 PASEO PADRE PKWY  
City-St-Zip: FREMONT, CA 94555

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID WAGENSELLER

D

04/20/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date