

FILED
Jul 01, 2003 8:00 am
Secretary of State

07-01-2003 90082 001 *1,100.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000001847

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



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

Mailing Address
6900 PASEO PADRE PKWY
FREMONT, CA 94555

55050362



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1455392

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when installing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FORBES, CRAIG W
STREET ADDRESS 6900 PASEO PADRE PKWY
CITY-ST-ZIP FREMONT, CA 94555

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

TITLE SD ☐ Delete
NAME BATTY, JOHN C
STREET ADDRESS 6900 PASEO PADRE PKWY
CITY-ST-ZIP FREMONT, CA 94555

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

TITLE AS ☐ Delete
NAME VOGELSANG, RUTHEM
STREET ADDRESS 6900 PASEO PADRE PKWY
CITY-ST-ZIP FREMONT, CA 94555

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

TITLE D ☐ Delete
NAME WOLF, HANS A
STREET ADDRESS 6900 PASEO PADRE PKWY
CITY-ST-ZIP FREMONT, CA 94555

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

TITLE T ☐ Delete
NAME CALUSINE, DEBORAH
STREET ADDRESS 6900 PASEO PADRE PKWY
CITY-ST-ZIP VIENNA, VA 22182-2626

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

TITLE V ☐ Delete
NAME LAU, GARY L
STREET ADDRESS 8300 BOONE BLVD
CITY-ST-ZIP VIENNA, VA 22182

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

12. 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 10 or Block 11 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

June 20, 2003

Date

510-574-4196

Daytime Phone #

CR2E034 (10/02)