

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001202

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90109 012 \*\*\*150.00

DOCUMENT # F97000003437

1. Corporation Name  
PREFERRED NETWORKS, INC.



Principal Place of Business 850 CENTER WAY NORCROSS GA 30071  
Mailing Address 850 CENTER WAY NORCROSS GA 30071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/01/1997	
21		26		4. FEI Number 58-1954892	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
22		27		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	29	Country		
25		30			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Senior VP of Sales & Mktng
NAME	DUNAWAY, MARK H	1.2 NAME	Charles I. Smith
STREET ADDRESS	850 CENTER WAY	1.3 STREET ADDRESS	850 Center Way
CITY-ST-ZIP	NORCROSS GA 30071	1.4 CITY-ST-ZIP	NORCROSS, GA 30071
TITLE	PATD	2.1 TITLE	
NAME	SANER, MICHAEL J	2.2 NAME	
STREET ADDRESS	850 CENTER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	2.4 CITY-ST-ZIP	
TITLE	VAS	3.1 TITLE	
NAME	KREEFT, EUGENE H	3.2 NAME	
STREET ADDRESS	5801 GOSHEN SPRINGS RD., STE. E	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	
NAME	JONES, MARK B	4.2 NAME	
STREET ADDRESS	850 CENTER WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	4.4 CITY-ST-ZIP	
TITLE	SVPC	5.1 TITLE	
NAME	PUTNAM, KATHRYN L	5.2 NAME	
STREET ADDRESS	850 CENTER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: SIGNATURE REQUIRED Jones 3/30/99 (770) 582-3567  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)