

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003644

FILED
Feb 15, 2010
Secretary of State

Entity Name: NETWORK OPERATOR SERVICES, INC.

Current Principal Place of Business:

119 W. TYLER, SUITE 260
LONGVIEW, TX 75601

New Principal Place of Business:

Current Mailing Address:

PO BOX 3529
LONGVIEW, TX 75606

New Mailing Address:

FEI Number: 75-2236192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: MARTIN, TIM
Address: P O BOX 3529
City-St-Zip: LONGVIEW, TX 75606

Title: VPD
Name: MARTIN, RON
Address: P O BOX 3529
City-St-Zip: LONGVIEW, TX 75606

Title: S
Name: MARTIN, LINDA
Address: P O BOX 3529
City-St-Zip: LONGVIEW, TX 75606

Title: R
Name: HUTCHISON, RON
Address: P O BOX 3529
City-St-Zip: LONGVIEW, TX 75606

Title: D
Name: ROTHROCK, TONY
Address: P O BOX 3529
City-St-Zip: LONGVIEW, TX 75606

Title: D
Name: MARTIN, RICHARD
Address: P O BOX 3529
City-St-Zip: LONGVIEW, TX 75606

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: LINDA MARTIN

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02/15/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date