

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005200 (7)**

1. Corporation Name
CONXUS NETWORK, INC.



Principal Place of Business
**15 SOUTH MAIN ST., STE. 810
GREENVILLE SC 29601**

Mailing Address
**15 SOUTH MAIN ST., STE. 810
GREENVILLE SC 29601**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12 North Main Street Suite, Apt. #, etc. 22 City & State 23 Greenville, SC Zip 24 29601 Country 25 USA		2a. Mailing Address 26 12 North Main Street Suite, Apt. #, etc. 27 City & State 28 Greenville, SC Zip 29 29601 Country 30 USA		3. Date Incorporated or Qualified 10/03/1997	
		4. FEI Number 62-1642125		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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 FL 85 Zip Code	
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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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	☐ Change ☐ Addition
NAME	DUFFIE, CECIL L JR.	1.2 NAME	
STREET ADDRESS	15 SOUTH MAIN ST., STE. 810	1.3 STREET ADDRESS	12 North Main St, Greenville, SC
CITY-ST-ZIP	GREENVILLE SC 29601	1.4 CITY-ST-ZIP	29601
TITLE	DPAS	2.1 TITLE	☐ Change ☐ Addition
NAME	DEKAY, WILLIAM D	2.2 NAME	
STREET ADDRESS	15 SOUTH MAIN ST., STE. 810	2.3 STREET ADDRESS	12 North Main St.
CITY-ST-ZIP	GREENVILLE SC 29601	2.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE	DTS	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, MARK A	3.2 NAME	
STREET ADDRESS	15 SOUTH MAIN ST., STE. 810	3.3 STREET ADDRESS	12 North Main St.
CITY-ST-ZIP	GREENVILLE SC 29601	3.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE	VAS	4.1 TITLE	☐ Change ☐ Addition
NAME	JUDGE, MARK	4.2 NAME	
STREET ADDRESS	15 SOUTH MAIN ST., STE. 810	4.3 STREET ADDRESS	12 North Main Street
CITY-ST-ZIP	GREENVILLE SC 29601	4.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	LAYMAN, MICHAEL D	5.2 NAME	
STREET ADDRESS	15 SOUTH MAIN ST., STE. 810	5.3 STREET ADDRESS	12 North Main St.
CITY-ST-ZIP	GREENVILLE SC 29601	5.4 CITY-ST-ZIP	Greenville, SC 29601
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 partner 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 if an addition to the address.

SIGNATURE _____ Michael D. Layman 6/13/98 014 730 5310

CR2E034 (10/97)