

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

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # F98000004889

1. Corporation Name

ACSI NETWORK TECHNOLOGIES, INC.

FILED

99 JUL 8 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
133 NATIONAL BUSINESS PARKWAY, SUITE 200 ANNAPOLIS JUNCTION MD 20701	133 NATIONAL BUSINESS PARKWAY, SUITE 200 ANNAPOLIS JUNCTION MD 20701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1998

4. FEI Number

522114861

Applied For	Not Applicable
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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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
**REICH, JACK E**  
**133 NATIONAL BUSINESS PARKWAY, SUITE 200**  
**ANNAPOLIS JUNCTION MD 20701**
TITLE S ☐ DELETE
**MURPHY, RILEY M**  
**133 NATIONAL BUSINESS PARKWAY, SUITE 200**  
**ANNAPOLIS JUNCTION MD 20701**
TITLE CFO ☐ DELETE
**PIAZZA, DAVID L**  
**133 NATIONAL BUSINESS PARKWAY, SUITE 200**  
**ANNAPOLIS JUNCTION MD 20701**
TITLE COO ☒ DELETE
**SPEARS, RONALD E**  
**133 NATIONAL BUSINESS PARKWAY, SUITE 200**  
**ANNAPOLIS JUNCTION MD 20701**
TITLE D ☐ DELETE
**TROUVEROY, OLIVER L**  
**133 NATIONAL BUSINESS PARKWAY, SUITE 200**  
**ANNAPOLIS JUNCTION MD 20701**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☒ Change ☐ Addition
**Douglas R. Hudson**  
**133 National Business Parkway, Suite 200**  
**Annapolis Junction MD 20701**
12 NAME ☐ Change ☐ Addition
**600002940516--8**  
**-07/23/99--01091--006**
13 STREET ADDRESS ☐ Change ☐ Addition
**\*\*\*\*550.00** ☐ **\*\*\*\*550.00**
14 CITY-ST-ZIP ☐ Change ☐ Addition
**SP**
15 CITY-ST-ZIP ☐ Change ☒ Addition
**D**  
**Christopher L. Rafferty**  
**133 National Business Parkway, Suite 200**  
**Annapolis Junction MD 20701**
16 CITY-ST-ZIP ☐ Change ☒ Addition
**NAME**  
**STREET ADDRESS**  
**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:

Riley M. Murphy, Secretary 6/25/99 (301)361-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #