

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90022 018 ***150.00

0616269 AT

DOCUMENT # F99000000626

1. Entity Name

INTERNATIONAL NETWORK SERVICES, INC.

Principal Place of Business

1213 INNSBRUCK DR.
 SUNNYVALE CA 94089

Mailing Address

ATTN: TAX DEPARTMENT
 PO BOX 62409
 SUNNYVALE CA 94088-2409

BLOG #3

2. Principal Place of Business

232 E. JAVA Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNYVALE, CA

City & State

Zip

94089

Country

USA

Country

4. FEI Number

77-0289509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREW, JOHN L 1213 INNSBRUCK DRIVE SUNNYVALE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAUGHLIN, KEVIN J 1213 INNSBRUCK DRIVE SUNNYVALE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THORNTON, SUSAN H 1213 INNSBRUCK DRIVE SUNNYVALE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, DONALD K 1213 INNSBRUCK DRIVE SUNNYVALE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLRED, DOUGLAS 225 W. TASMAN DRIVE SAN JOSE CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, VERNON 25225 LA LOMA DRIVE LOS ALTOS HILLS CA	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID BUTZE 232 E. JAVA DRIVE SUNNYVALE, CA 94089	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. + SECRETARY DAN GALLAGHER 232 E. JAVA DRIVE SUNNYVALE CA 94089	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW DIRECTOR RICHARD RAWSON 11600-700 MOUNTAIN AVE MURRAY, HILL, NJ 07974	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LP.

FEB 07 2002

Date

Daytime Phone #

683-18-1000

CR2E034 (9/01)