2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# F99000003673

Entity Name: AVOCENT SERVICES CORPORATION

Current Principal Place of Business:

4991 CORPORATE DRIVE
HUNTSVILLE, AL 35805

New Principal Place of Business:

Current Mailing Address:

9911 WILLOWS ROAD NE
REDMOND, WA 980522531

New Mailing Address:

FEI Number: 75-2570470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: CEO ( ) Delete
Name: COOPER, JOHN R
Address: 4991 CORPORATE DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

Title: PRES ( ) Delete
Name: WEEKS, DOYLE C
Address: 4991 CORPORATE DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

Title: SEC. ( ) Delete
Name: SARACINO, SAMUEL F
Address: 4991 CORPORATE DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

Title: CFO ( ) Delete
Name: BLANKENSHIP, EDWARD H
Address: 4991 CORPORATE DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

Title: TREA ( ) Delete
Name: WALTER, DUFFEY
Address: 4991 CORPORATE DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

Title: DIR. ( ) Delete
Name: JOHN, COOPER R
Address: 4991 CORPORATE DRIVE
City-St-Zip: HUNTSVILLE, AL 35805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC. (X) Change ( ) Addition
Name: SARACINO, SAMUEL F
Address: 9911 WILLOWS ROAD NE
City-St-Zip: REDMOND, WA 98052

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL F. SARACINO SEC. 01/04/2007

Electronic Signature of Signing Officer or Director — Date