2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004137

Entity Name: APPLIED SYSTEMS CLIENT NETWORK, INC.

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 801 DOUGLAS AVE SUITE 205 ALTAMONTE, FL 32714 **New Mailing Address: Current Mailing Address:** 801 DOUGLAS AVE SUITE 205 ALTAMONTE, FL 32714 FEI Number: 59-3206816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHAFER, MITCHELL P 800 S ORLÁNDO AVE SUITE 100 MAITLAND, FL 32751 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPP (X) Change () Addition () Delete ANDERSON, PETER T ABRAMSON, DONNA Name: Name:

507 COLUMBUS AVE #1 Address: 309 1ST W BOX 5519 Address: City-St-Zip: BOSTON, MA 021183043 City-St-Zip: HIGH RIVER, AB T1V 1M6 CA Title: () Delete Title: (X) Change () Addition KINGHTEN, SALLIE Name: KINGHTEN, SALLIE Name: Address: 3005 DOUGLAS BLVD., STE 130 Address: 3005 DOUGLAS BLVD., STE 130 City-St-Zip: ROSEVILLE, CA 95667 City-St-Zip: ROSEVILLE, CA 95667 Title: () Delete Title: (X) Change () Addition JENKINS, WILLIAM R JENKINS, WILLIAM R Name: Name: 801 DOUGLAS AVE #205 Address: Address: 801 DOUGLAS AVE #205 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VΡ Title: DP (X) Change () Addition () Delete Name: DURLAND, STUART Name: DURLAND, STUART 13 OAKLAND AVE 13 OAKLAND AVE Address: Address: City-St-Zip: WARWICK, NY 10090 City-St-Zip: WARWICK, NY 10090

Title: ST () Delete Title: DV (X) Change () Addition

Name: DUNN, ROBBY Name: DUNN, ROBBY

Address: 2550 N LOOP WEST #850 Address: 13105 NORTHWEST FREEWAY STE 850

City-St-Zip: HOUSTON, TX 77092 City-St-Zip: HOUSTON, TX 77040

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R JENKINS D 01/05/2004