

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004137

FILED
Jan 05, 2005
Secretary of State

Entity Name: APPLIED SYSTEMS CLIENT NETWORK, INC.

Current Principal Place of Business:

801 DOUGLAS AVE
SUITE 205
ALTAMONTE, FL 32714

New Principal Place of Business:

Current Mailing Address:

801 DOUGLAS AVE
SUITE 205
ALTAMONTE, FL 32714

New Mailing Address:

FEI Number: 59-3206816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHAFFER, MITCHELL P
800 S ORLANDO AVE
SUITE 100
MAITLAND, FL 32751 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

OFFICERS AND DIRECTORS:

Title: DS/T () Delete
Name: ABRAMSON, DONNA
Address: 309 1ST W BOX 5519
City-St-Zip: HIGH RIVER, AB T1V 1M6 CA

Title: DPP () Delete
Name: KINGHTEN, SALLIE
Address: 3005 DOUGLAS BLVD., STE 130
City-St-Zip: ROSEVILLE, CA 95667

Title: D (X) Delete
Name: JENKINS, WILLIAM R
Address: 801 DOUGLAS AVE #205
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: DV () Delete
Name: DUNN, ROBBY
Address: 13105 NORTHWEST FREEWAY STE 850
City-St-Zip: HOUSTON, TX 77040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS/T (X) Change () Addition
Name: TUTEN, VICKY
Address: 7750 MONTGOMERY ROAD
City-St-Zip: CINCINNATI, OH 45236 US

Title: DPP (X) Change () Addition
Name: DURLAND, STUART
Address: 13 OAKLAND AVE
City-St-Zip: WARWICK, NY 10990 US

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

Title: DP (X) Change () Addition
Name: DUNN, ROBERT E III
Address: 13105 NORTHWEST FREEWAY STE 850
City-St-Zip: HOUSTON, TX 77040-631 US

Title: DV (X) Change () Addition
Name: ABRAMSON, DONNA
Address: 309 1ST W BOX 5519
City-St-Zip: HIGH RIVER, AB T1V 1M6 CA

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: PATRICIA L ELLIOTT

Electronic Signature of Signing Officer or Director

ACCT

01/05/2005

Date