

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004137

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: APPLIED SYSTEMS CLIENT NETWORK, INC.

## Current Principal Place of Business:

801 DOUGLAS AVE  
SUITE 205  
ALTAMONTE, FL 32714

## Current Mailing Address:

801 DOUGLAS AVE  
SUITE 205  
ALTAMONTE, FL 32714

## New Principal Place of Business:

801 DOUGLAS AVE  
SUITE 205  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

801 DOUGLAS AVE  
SUITE 205  
ALTAMONTE SPRINGS, 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:

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

## Name and Address of New Registered Agent:

SCHAFER, MITCHELL P  
541 S ORLANDO AVE  
SUITE 300  
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:

02/20/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS/T (X) Change ( ) Addition  
Name: KIM, FAVREAU  
Address: 19 W CENTRAL ST  
City-St-Zip: NATICK, MA 01760 US

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

Title: DP (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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA ABRAMSON

DP

02/20/2006

Electronic Signature of Signing Officer or Director

Date