

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90022 017 ***150.00

40040000



02232007 Chg-P CR2E034 (12/06)

4. FEI Number **20-2328798** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000012213

1. Entity Name
VIASYS NETWORK SERVICES, INC.



Principal Place of Business
26 LAKE WIRE DRIVE
LAKELAND, FL 33815

Mailing Address
26 LAKE WIRE DRIVE
LAKELAND, FL 33815

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
JENNINGS, ANDREA S
26 LAKE WIRE DRIVE
LAKELAND, FL 33815

7. Name and Address of New Registered Agent
Name Tracy Becker
Street Address (P.O. Box Number is Not Acceptable) 2944 Drane Field Rd.
City Lakeland FL 33811

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tracy Becker Asst. Secretary 3/22/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RAY, BILLY V			NAME	James E. Henrich		
STREET ADDRESS	1117 PERIMETER CENTER WEST			STREET ADDRESS	2944 Drane Field Rd.		
CITY-ST-ZIP	ATLANTA, GA 30338			CITY-ST-ZIP	Lakeland, FL 33811		
TITLE	D,P	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HALL, GERRY W			NAME	Tracy Becker		
STREET ADDRESS	1117 PERIMETER CENTER WEST			STREET ADDRESS	2944 Drane Field Rd.		
CITY-ST-ZIP	ATLANTA, GA 30338			CITY-ST-ZIP	Lakeland, FL 33811		
TITLE	D,VP	<input type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, RAYMOND J			NAME	James W. Allen		
STREET ADDRESS	1117 PERIMETER CENTER WEST			STREET ADDRESS	2944 Drane Field Rd.		
CITY-ST-ZIP	ATLANTA, GA 30338			CITY-ST-ZIP	Lakeland, FL 33811		
TITLE	T,S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, RAYMOND J			NAME			
STREET ADDRESS	1117 PERIMETER CENTER WEST			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30338			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENNINGS, ANDREA			NAME			
STREET ADDRESS	26 LAKE WIRE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33815			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tracy Becker Tracy Becker 3-22-07 863-609-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #