2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012213

Entity Name: VIASYS NETWORK SERVICES, INC.

FILED Feb 26, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
26 LAKE WIRE DRIVE LAKELAND, FL 33815				2944 DRANE FIELD ROAD LAKELAND, FL 33811		
Current Mailing Address:				New Mailing Address:		
26 LAKE WIRE DRIVE LAKELAND, FL 33815				2944 DRANE FIELD ROAD LAKELAND, FL 33811		
FEI Number: 20-2328798 FEI Number Applied For () FEI Num			FEI Numi	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
RECKER, TRACY 2944 DRANE FIELD RD LAKELAND, FL 33811 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		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RAY, BILLY V	Delete ER CENTER WEST 0338 US	1	Address:	AS (X) Ch ALLEN, JAMES 2944 DRANE FIELI LAKELAND, FL 33	
Title: Name: Address: City-St-Zip:	HALL, GERRY V	R CENTER WEST	1	Address:	D,VP (X) Ch HALL, GERRY W 1117 PERIMETER ATLANTA, GA 303	
Title: Name: Address: City-St-Zip:	SMITH, RAYMON	R CENTER WEST	l	Title: Name: Address: City-St-Zip:	DVP (X) Ch SMITH, RAYMOND 1117 PERIMETER ATLANTA, GA 303	CENTER WEST
Title: Name: Address: City-St-Zip:	SMITH, RAYMON	R CENTER WEST	l ,	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition
Title: Name: Address: City-St-Zip:	VP () I HEMRICH, JAME 2944 DRANE FIE LAKELAND, FL	ELD RD	l	Title: Name: Address: City-St-Zip:	DP (X) Ch HEMRICH, JAMES 2944 DRANE FIELI LAKELAND, FL 33	O RD
Title: Name: Address: City-St-Zip:	AS () RECKER, TRAC 2944 DRANE FIE LAKELAND, FL	ELD RD	l ,	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition

I hereby certify that the information supplied with this filing does not qualify 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: TRACY RECKER AS 02/26/2008