

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P21499** (9)
1. Corporation Name
AMERICAN NETWORK LEASING CORPORATION OF NEVADA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2:32

Principal Place of Business
**5400 LEGACY DR
PLANO TX 75024**

Mailing Address
**5400 LEGACY DRIVE
(H1 4A 66)
PLANO TX 75024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/27/1988

3a. Date of Last Report
05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
75-2124879

Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip
24

Country
25

Zip
29

Country
30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
BUDDENDORF, B.E.
5400 LEGACY DR.
PLANO TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
CASTLE, JOHN R JR
5400 LEGACY DR.
PLANO TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VPD
HAMLIN, J. DAVIS
5400 LEGACY DR.
PLANO TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VAS
RAY, SAM M.
5400 LEGACY DR.
PLANO TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
BENACK, WILLIAM P
5400 LEGACY DR.
PLANO TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AT
RAMSEY, LARRY L.
5400 LEGACY DRIVE (H1 41 66)
PLANO TX**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**PRES. DIRECTOR, TREASURER
BUDDENDORF, B.E.
5400 LEGACY DRIVE
PLANO, TX 75024**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**SENIOR VICE-PRES, SECR
SKELTON, WILLIAM H.
5400 LEGACY DRIVE
PLANO, TX 75024**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

**VICE-PRES
MORSTAD, NEIL M.
5400 LEGACY DRIVE
PLANO, TX 75024**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

**VICE-PRES
WILKINS, RODERICK
5400 LEGACY DRIVE
PLANO, TX 75024**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**ASST TREAS
CAPPS, R. RANDALL
5400 LEGACY DRIVE
PLANO, TX 75024**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Larry L. Ramsey* **Larry L. Ramsey**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1/31/95 **(214) 605-1200**
Date Telephone #