

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/9/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P22097 (0)

1. Corporation Name

NETWORK SECURITY ACCEPTANCE CORPORATION

FILED
 95 JUL 25 AM 8:09
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

9901 EAST VALLEY RANCH PARKWAY, #3000
 LB 35
 IRVING TX 75063

9901 EAST VALLEY RANCH PARKWAY, #3000
 LB 35
 IRVING TX 75063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/28/1988

01/26/1994

4. FEI Number

Applied For

75-1865690

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2340 E. Trinity Mills Rd

26 2340 E. Trinity Mills Rd

Suite, Apt. #, etc

Suite, Apt. #, etc

22 #300

27 #300

City & State

City & State

23 Carrollton TX

28 Carrollton TX

Zip

Country

Zip

Country

24 75006

25 Dallas

29 75006

30 Dallas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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 (holder or personal name of registered agent) and title (if applicable)

(if 2011 Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
 NAME
 STREET ADDRESS
 CITY ST ZIP
 1 SPD
 PATTERSON, PENCIL T.
 9901 E VALLEY RANCH 3000
 IRVING TX

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY ST ZIP
 2340 E. Trinity Mills Rd #300
 Carrollton TX 75006

☒ Change ☐ Addition

☐ Change ☐ Addition

TITLE

21 TITLE

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY ST ZIP

24 CITY ST ZIP

☐ Change ☐ Addition

TITLE

31 TITLE

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY ST ZIP

34 CITY ST ZIP

☐ Change ☐ Addition

TITLE

41 TITLE

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY ST ZIP

44 CITY ST ZIP

☐ Change ☐ Addition

TITLE

51 TITLE

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY ST ZIP

54 CITY ST ZIP

☐ Change ☐ Addition

TITLE

61 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY ST ZIP

64 CITY ST ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-95 (24) 418-2350