

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23079

(7)

1. Corporation Name

MFS NETWORK TECHNOLOGIES, INC.



Principal Place of Business 200 KIEWIT PLAZA SUITE 200 OMAHA NE 68131 US	Mailing Address 200 KIEWIT PLAZA SUITE 200 OMAHA NE 68131 US
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2. Principal Place of Business 21 11808 Miracle Hills Dr. Suite, Apt. #, etc. 22 City & State 23 Omaha NE Zip 24 68154 Country 25 US	2a. Mailing Address 26 11808 Miracle Hills Dr. Suite, Apt. #, etc. 27 City & State 28 Omaha NE Zip 29 68154 Country 30 US
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3. Date Incorporated or Qualified 02/22/1989	3a. Date of Last Report 03/20/1996
4. FET Number 47-0714393	Applied For 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	
10. Name and Address of New Registered Agent	

9. Name and Address of Current 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
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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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	CROWE, JAMES O.		1.2 NAME	Keith, Debra L	
STREET ADDRESS	200 KIEWIT PLAZA		1.3 STREET ADDRESS	11808 Miracle Hills Dr.	
CITY-ST-ZIP	OMAHA NE		1.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	DS	☒ DELETE	2.1 TITLE	D.	☐ Change ☒ Addition
NAME	FERGUSON, TERRENCE J.		2.2 NAME	Sidgmore, John W	
STREET ADDRESS	200 KIEWIT PLAZA		2.3 STREET ADDRESS	11808 Miracle Hills Dr.	
CITY-ST-ZIP	OMAHA NE		2.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	AS	☒ DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	MCGINTY, BRIAN P.		3.2 NAME	Ludvik, Robert J	
STREET ADDRESS	200 KIEWIT PLAZA		3.3 STREET ADDRESS	11808 Miracle Hills Dr.	
CITY-ST-ZIP	OMAHA NE		3.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	VP	☒ DELETE	4.1 TITLE	T	☐ Change ☒ Addition
NAME	AHLERS, BRYAN E.		4.2 NAME	Patel, Sunit S	
STREET ADDRESS	200 KIEWIT PLAZA		4.3 STREET ADDRESS	11808 Miracle Hills Dr.	
CITY-ST-ZIP	OMAHA NE		4.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	PD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	MOERSCH, KEVIN P		5.2 NAME	moersch, Kevin P	
STREET ADDRESS	200 KIEWIT PLAZA		5.3 STREET ADDRESS	11808 Miracle Hills Dr.	
CITY-ST-ZIP	OMAHA NE		5.4 CITY-ST-ZIP	Omaha NE 68154	
TITLE	SVP	☐ DELETE	6.1 TITLE	SVP	☒ Change ☐ Addition
NAME	THOMPSON, WILLIAM P.		6.2 NAME	thompson, William P	
STREET ADDRESS	200 KIEWIT PLAZA		6.3 STREET ADDRESS	11808 Miracle Hills Dr.	
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP	Omaha NE 68154	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Debra L Keith 4/28/97 402-231-3000

CR2E034 (9/96)