FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24797** **(3)**

1. Corporation Name
SOUTHERNNET SYSTEMS, INC.

Principal Place of Business	Mailing Address
1801 PA AVE NW ~~1801 PA AVE NW~~ WASHINGTON D. 20006 US	1133 19TH ST NW ATTN - INCOME TAX DEPT WASHINGTON D. 20036 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 54-1283813 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandatory.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ROBERTS JR, BERT C	12 NAME	GERALD H. TAYLOR	
STREET ADDRESS	1801 PA AVE, NW	13 STREET ADDRESS	1801 PA AVE, NW	
CITY ST ZIP	WASHINGTON DC	14 CITY ST ZIP	WASH., DC 20006	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	RAU, CHARLES W	22 NAME		
STREET ADDRESS	1133 19TH ST NW	23 STREET ADDRESS		
CITY ST ZIP	WASHINGTON DC	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	WORTHINGTON, J R	32 NAME		
STREET ADDRESS	1801 PA AVE, NW	33 STREET ADDRESS		
CITY ST ZIP	WASHINTON DC	34 CITY ST ZIP		
TITLE	T	41 TITLE	VP, T	☒ Change ☐ Addition
NAME	ST. JOHN, JONELLE	42 NAME		
STREET ADDRESS	1801 PA AVE NW	43 STREET ADDRESS		
CITY ST ZIP	WASHINGTON D.	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	FREITAG, EDWARD	52 NAME		
STREET ADDRESS	1133 19 ST NW	53 STREET ADDRESS		
CITY ST ZIP	WASHINGTON DC	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: VP _____ CHARLES W. RAU VICE PRES. 4/25/95 202-736-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0000483 CP