FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

SOUTHERNNET SYSTEMS, INC.

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

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)

3. Date Incorporated or Qualified: **06/14/1989**	3a. Date of Last Report: **05/01/1995**
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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GERALD, H T		1.2 NAME	GERALD H. TAYLOR	
STREET ADDRESS	1801 PA AVE, NW		1.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAU, CHARLES W		2.2 NAME		
STREET ADDRESS	1133 19TH ST NW		2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	VPSD	☐ Change ☒ Addition
NAME	WORTHINGTON, J R		3.2 NAME	MICHAEL SALSBURY	
STREET ADDRESS	1801 PA AVE, NW		3.3 STREET ADDRESS	1801 PA AVE, NW	
CITY-ST-ZIP	WASHINTON DC		3.4 CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE	VPT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ST. JOHN, JONELLE		4.2 NAME		
STREET ADDRESS	1801 PA AVE NW		4.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON D.		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FREITAG, EDWARD		5.2 NAME		
STREET ADDRESS	1133 19 ST NW		5.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added by an attachment with an address.

SIGNATURE: VAB CHARLES W. RAU VICE PRESIDENT 4/29/96 202-736-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)