ILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION ANNUAL REPORT **1997**

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

FILED
Jun 11 1997 8:00am
Secretary of State

DOCUMENT # P24797 (3)

Corporation Name: SOUTHERNNET SYSTEMS, INC.

Principal Place of Business	Mailing Address
1801 PA AVE, NW WASHINGTON, DC 20006	1133 19th ST, NW INCOME TAX 0502 WASHINGTON, DC 20036

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1989	3a. Date of Last Report: 05/01/1996
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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

1. Principal Place of Business: 26
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Country: 25 USA
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
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

300002213023
-06/16/97--01101--025
***155.00

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: Sheila R. Hawkins, Sheila R. Hawkins, Asst. Secy. 6/4/97
Signature, typed or printed name of registered agent and title if applicable — NOTE: If registered agent's signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
~~TITLE: CEO~~	11 TITLE: C — ☐ Change ☒ Addition
~~NAME: OLTMAN, JOHN R~~	12 NAME: BERT ROBERTS
~~STREET ADDRESS: 50 O'CONNOR ST 61616~~	13 STREET ADDRESS: 1801 PA AVE, NW
~~CITY-ST-ZIP: OTTAWA ON~~	CITY-ST-ZIP: WASH, DC 20006
~~TITLE: CFO~~	21 TITLE: PD — ☐ Change ☒ Addition
~~NAME: DAMP, PAUL~~	22 NAME: GERALD TAYLOR
~~STREET ADDRESS: 50 O'CONNOR STREET~~	23 STREET ADDRESS: 1801 PA AVE, NW
~~CITY-ST-ZIP: CANADA K1~~	CITY-ST-ZIP: WASH, DC 20006
~~TITLE: VP~~	31 TITLE: VP — ☐ Change ☒ Addition
~~NAME: GROHN, ROBERT~~	32 NAME: CHARLES W. RAU
~~STREET ADDRESS: 50 O'CONNOR STREET SUITE 1616~~	33 STREET ADDRESS: 1133 19th ST, NW
~~CITY-ST-ZIP: ONTARIO CA~~	CITY-ST-ZIP: WASH, DC 20036
~~TITLE: S~~	41 TITLE: SD — ☐ Change ☒ Addition
~~NAME: EATON, SCOTT M~~	42 NAME: MICHAEL SALSBURY
~~STREET ADDRESS: 50 O'CONNOR ST S1616~~	43 STREET ADDRESS: 1801 PA AVE, NW
~~CITY-ST-ZIP: OTTAWA ON~~	CITY-ST-ZIP: WASH, DC 20006
~~TITLE: GCAS~~	51 TITLE: VPT — ☐ Change ☒ Addition
~~NAME: BOFINGER, CHARLENE~~	52 NAME: JONELLE ST JOHN
~~STREET ADDRESS: 1010 N. GLEBE ROAD SUITE 200~~	53 STREET ADDRESS: 1801 PA AVE, NW
~~CITY-ST-ZIP: ARLINGTON VA~~	CITY-ST-ZIP: WASH, DC 20006
~~TITLE: C~~	61 TITLE: AS — ☐ Change ☒ Addition
~~NAME: ROTH, RICHARD~~	62 NAME: EDWARD FREITAG
~~STREET ADDRESS: 1010 N. GLEBE ROAD, SUITE 200~~	63 STREET ADDRESS: 1133 19th ST, NW
~~CITY-ST-ZIP: ARLINGTON VA~~	CITY-ST-ZIP: WASH, DC 20036

OS 6/11/97

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 added in the absence of such.

SIGNATURE: [signature] CHARLES W. RAU VICE PRES. 4/28/97 202-736-6000
SIGNATURE — OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — PHONE NUMBER