

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24797** (3)

1. Corporation Name
SOUTHERNNET SYSTEMS, INC.

Principal Place of Business

**1801 PA AVE NW
WASHINGTON DC 20006
US**

Mailing Address

**1133 19TH ST NW
ATTN - INCOME TAX DEPT
WASHINGTON DC 20036
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	ROBERTS, BERT	
STREET ADDRESS	1801 PA AVE, NW	
CITY-ST-ZIP	WASHINGTON DC 20006	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAU, CHARLES W	
STREET ADDRESS	1133 19TH ST NW	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALSBURY, MICHAEL	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20006	

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ST. JOHN, JONELLE	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20006	

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	FREITAG, EDWARD	
STREET ADDRESS	1133 19 ST NW	
CITY-ST-ZIP	WASHINGTON DC 20036	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, GERALD	
STREET ADDRESS	1801 PA AVE NW	
CITY-ST-ZIP	WASHINGTON DC 20006	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PD
6.3 STREET ADDRESS	TIMOTHY PRICE
6.4 CITY-ST-ZIP	1801 PA AVE NW WASHINGTON DC 20006

14. I 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

CR2E034 (10/97)