

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24797

1. Entity Name

SOUTHERNNET SYSTEMS, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90064 048 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 PA AVE NW  
WASHINGTON DC 20006  
US

1133 19TH ST NW  
ATTN - INCOME TAX DEPT  
WASHINGTON DC 20036-3604  
US

2. Principal Place of Business

500 Clinton Center Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1283813

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☒ Delete  
NAME ROBERTS, BERT  
STREET ADDRESS 1801 PA AVE, NW  
CITY-ST-ZIP WASHINGTON DC 20006

TITLE CEO/D ☐ Change ☒ Addition  
NAME BERNARD EBBERS  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE VGTC ☐ Delete  
NAME NAGEL, WALTER  
STREET ADDRESS 1133 19TH ST NW  
CITY-ST-ZIP WASHINGTON DC 20036

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME SALSBUURY, MICHAEL  
STREET ADDRESS 1801 PA AVE NW  
CITY-ST-ZIP WASHINGTON DC 20006

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPT ☒ Delete  
NAME ST. JOHN, JONELLE  
STREET ADDRESS 1801 PA AVE NW  
CITY-ST-ZIP WASHINGTON DC 20006

TITLE ☐ Change ☒ Addition  
NAME SCOTT SULLIVAN  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE PD ☒ Delete  
NAME PRICE, T  
STREET ADDRESS 1801 PA AVE NW  
CITY-ST-ZIP WASHINGTON DC 20006

TITLE ☐ Change ☒ Addition  
NAME BERNARD EBBERS  
STREET ADDRESS 500 Clinton Center Dr.  
CITY-ST-ZIP Clinton, MS 39056

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Walter Nagel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Nagel

Date

4/24/00

Daytime Phone #

202-736-6000

V.P. & Gen. Tax Counsel

CR2E034 (9/99)