

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90209 023 ***150.00

DOCUMENT # P24797

1. Entity Name
SOUTHERNNET SYSTEMS, INC.



Principal Place of Business
**500 CLINTON CENTER DR.
CLINTON MS 39056
US**

Mailing Address
**1133 19TH ST NW
ATTN: INCOME TAX DEPT
WASHINGTON DC 20036
US**

2. Principal Place of Business
22001 LOUDOUN COUNTY PKWY

3. Mailing Address
Suite, Apt. #, etc.
DEPT. 8408

City & State
ASHBURN VA

City & State

Zip
20147 Country
US

Zip Country

4. FEI Number **54-1283813**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

(SIGNATURE)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EBBERS, BERNARD 500 CLINTON CENTER DR. CLINTON MS 39056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGTC NAGEL, WALTER 1133 19TH STREET WASHINGTON DC 20036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALSBUURY, MICHAEL 1133 19TH STREET WASHINGTON DC 20036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, SCOTT 500 CLINTON CENTER DR. CLINTON MS 39056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SEE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ATTACHED	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LIST	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL SALSBUURY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SALSBUURY

4/30/03 (202) 736-6362
Date Daytime Phone #

CR2E034 (10/02)

Attachment P24797
11033827

OFFICERS LIST

SOUTHERNNET SYSTEMS, INC.

President & CEO

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Vice President & Treasurer

Susan Mayer
22001 Loudoun County Pkwy.
Ashburn, VA 20147

Secretary

Michael Salsbury
22001 Loudoun County Pkwy.
Ashburn, VA 20147

DIRECTOR

Michael Capellas
22001 Loudoun County Pkwy.
Ashburn, VA 20147