

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 # P27698 (0)

1. Corporation Name

CAPITAL NETWORK SYSTEM, INC.



Principal Place of Business

600 CONGRESS AVENUE
STE 1360
AUSTIN TX 78701

Mailing Address

600 CONGRESS AVENUE
STE 1360
AUSTIN TX 78701

3. Date Incorporated or Qualified
01/12/1990

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number
74-2483482

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

10. Name and Address of New Registered Agent

VILLACORTA, KATHLEEN
501 E. TENNESSEE STREET, SUITE B
TALLAHASSEE FL 32308

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 of Registered Agent required for change of registered agent.

NOTE: Registered Agent report required for change of registered agent.

Date of Signature

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME ROWLAND, ROBERT A.
STREET ADDRESS 600 CONGRESS AVE #1360
CITY-STATE-ZIP AUSTIN TX

TITLE ☐ DELETE
NAME MOEHLE, C. MICHAEL
STREET ADDRESS 600 CONGRESS AVE #1360
CITY-STATE-ZIP AUSTIN TX

TITLE ☐ DELETE
NAME SIMMONS, DONALD D.
STREET ADDRESS 600 CONGRESS AVE #1360
CITY-STATE-ZIP AUSTIN TX

TITLE ☐ DELETE
NAME WOOD, ELLEN
STREET ADDRESS 600 CONGRESS AVE #1360
CITY-STATE-ZIP AUSTIN TX

TITLE ☐ DELETE
NAME MATHESON, DANIEL J III
STREET ADDRESS 600 CONGRESS AVE #1360
CITY-STATE-ZIP AUSTIN TX

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME no longer President
1.3 STREET ADDRESS still a director
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME President
6.3 STREET ADDRESS Robert Hansford
6.4 CITY-STATE-ZIP 600 Congress Ave #1360
Austin Tx 78701

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.96

(512) 404-5852

CR2E034 (12/95)