

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 21, 1999 8:00 am**  
**Secretary of State**

07-21-1999 90009 035 \*\*\*550.00

DOCUMENT # **P28722** ✓  
1. Corporation Name  
**COM-NET SOFTWARE SPECIALISTS, INC.**



Principal Place of Business  
**3080 S. TECH BLVD.  
MIAMISBURG OH 45342**

Mailing Address  
**3080 S. TECH BLVD.  
MIAMISBURG OH 45342**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3728 BENNER ROAD</b>		2a. Mailing Address 26 <b>3728 BENNER ROAD</b>		3. Date Incorporated or Qualified <b>04/02/1990</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>31-1142683</b>	
City & State 23 <b>MIAMISBURG, OH</b>		City & State 28 <b>MIAMISBURG, OH</b>		Applied For Not Applicable	
Zip 24 <b>45342</b>		Zip 29 <b>45342</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Country 25 <b>U.S.</b>		Country 30 <b>U.S.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORVELL, ROBERT L.</b>	1.2 NAME	
STREET ADDRESS	<b>955 EAST SOCIAL ROW ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAYTON OH</b>	1.4 CITY-ST-ZIP	
TITLE	VS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROALEF, ROBERT P.</b>	2.2 NAME	
STREET ADDRESS	<b>6327 ROSA LINDA</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CENTERVILLE OH</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ASSISTANT SECRETARY</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>ASSISTANT SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSEMARY WALKER</b>	3.2 NAME	<b>ROSEMARY WALKER</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3728 BENNER ROAD</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>MIAMISBURG, OH 45342</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>MARION MEIR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>PRESIDENT / CEO</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>3728 BENNER ROAD</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>MIAMISBURG, OH 45342</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Rosemary Walker, CFO** *Assistant Secretary* **6/25/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0558160