FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P33543** **(0)**

1. Corporation Name
VIATA CORPORATION

Principal Place of Business

ATTN: [illegible]

Attn: Controller

Mailing Address

ATTN: [illegible]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
04/12/1991	05/01/1994

2. Principal Place of Business
21 275 W. CAMPBELL STE 205
Suite, Apt. #, etc.
22
City & State
23 RICHARDSON, TX 75080
Zip 24 Country 25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number
75-2286451
☐ 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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☒ Change ☐ Addition
NAME	WILLIAMSON, HERB	12 NAME		
STREET ADDRESS	2400 LAKESIDE BLVD.	13 STREET ADDRESS	2435 N. CENTRAL EXP. SUITE 700	
CITY-ST-ZIP	RICHARDSON, TX	14 CITY-ST-ZIP	RICHADSON, TEXAS 75080	
TITLE	SV	21 TITLE		☒ Change ☐ Addition
NAME	HOFFNER, STEPHEN M.	22 NAME	S REGAN, TONY M.	
STREET ADDRESS	2400 LAKESIDE BLVD.	23 STREET ADDRESS	2435 N. CENTRAL EXP. SUITE 700	
CITY-ST-ZIP	RICHARDSON, TX	24 CITY-ST-ZIP	RICHARDSON, TEXAS 75080	
TITLE	TV	31 TITLE		☒ Change ☐ Addition
NAME	WADSWORTH, HOWARD C.	32 NAME		
STREET ADDRESS	2400 LAKESIDE BLVD.	33 STREET ADDRESS	2435 N. CNETRAL EXP. SUITE 700	
CITY-ST-ZIP	RICHARDSON TX	34 CITY-ST-ZIP	RICHARDSON, TEXAS 75080	
TITLE	COB	41 TITLE		☒ Change ☐ Addition
NAME	BARNES, JOHN R.	42 NAME		
STREET ADDRESS	2400 LAKESIDE BLVD.	43 STREET ADDRESS	2435 N. CENTRAL EXP. SUITE 700	
CITY-ST-ZIP	RICHARDSON TX	44 CITY-ST-ZIP	RICHARDSON, TEXAS 75080	
TITLE	PCEO	51 TITLE		☐ Change ☐ Addition
NAME	DENTON, JERE M.	52 NAME		
STREET ADDRESS	2400 LAKESIDE BLVD.	53 STREET ADDRESS	2435 N. CNETRAL EXP SUTIE 700	
CITY-ST-ZIP	RICHARDSON, TX	54 CITY-ST-ZIP	RICHARDSON, TEXAS 75080	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ 2-10-95 214-699-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473181 FP