

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P37955 (2)
1. Corporation Name
ACCESS NETWORK SERVICES, INC.



Principal Place of Business 8201 PRESTON RD STE 350 DALLAS TX 75235 US	Mailing Address % SHARED TECHNOLOGIES FAIRCHILD, INC. 100 GREAT MEADOW RD., SUITE 104 WETHERSFIELD CT 06109 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/17/1992 4. FEI Number 75-2407229 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☒ No	
---	--	--	--	---	--

9. Name and Address of Current Registered Agent C T 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 85 Zip Code FL	
---	--	--	--

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	CEO	1.1 TITLE	CEO
NAME	AUTORINO, ANTHONY D	1.2 NAME	David C. Ruberg
STREET ADDRESS	100 GREAT MEADOW RD STE 104	1.3 STREET ADDRESS	3625 Queen Palm Dr.
CITY-ST-ZIP	WETHERSFIELD CT	1.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE	TD	2.1 TITLE	P/COO
NAME	DIVINCENZO, VINCENT	2.2 NAME	James D. Rivette
STREET ADDRESS	100 GREAT MEADOW RD., SUITE 104	2.3 STREET ADDRESS	45025 Aviation Dr., Suite 450
CITY-ST-ZIP	WETHERSFIELD CT 06109	2.4 CITY-ST-ZIP	Dulles, VA 20166-7558
TITLE	VPS	3.1 TITLE	V/S
NAME	DORROS, KENNETH M	3.2 NAME	David H. Staughton
STREET ADDRESS	100 GREAT MEADOW RD., SUITE 104	3.3 STREET ADDRESS	45025 Aviation Dr., Suite 450
CITY-ST-ZIP	WETHERSFIELD CT 06109	3.4 CITY-ST-ZIP	Dulles, VA 20166-7558
TITLE	PD	4.1 TITLE	V/JT
NAME	BORER, MEL	4.2 NAME	J. Tim TolleHe
STREET ADDRESS	100 GREAT MEADOW RD., SUITE 104	4.3 STREET ADDRESS	45025 Aviation Dr., Suite 450
CITY-ST-ZIP	WETHERSFIELD CT 06109	4.4 CITY-ST-ZIP	Dulles, VA 20166-7558
TITLE		5.1 TITLE	V/D
NAME		5.2 NAME	Robert M. Manning
STREET ADDRESS		5.3 STREET ADDRESS	3625 Queen Palm Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33619
TITLE		6.1 TITLE	V
NAME		6.2 NAME	Patricia A. Kurlin
STREET ADDRESS		6.3 STREET ADDRESS	3625 Queen Palm Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa, FL 33619

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 addition with an address.

SIGNATURE

David H. Staughton

David H. Staughton 4/10/98 703-478-5908

CR2E034 (10/97)