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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90085 041 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P37955

1. Corporation Name
ACCESS NETWORK SERVICES, INC.

Principal Place of Business

8201 PRESTON RD
STE 350
DALLAS TX 75255
US

Mailing Address

45025 AVIATION DRIVE
#450
DULLES VA 20166-7558
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1992

4. FEI Number

75-2407229

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	RUBERG, DAVID C	3625 QUEEN PALM DRIVE	TAMPA FL 33619	<input type="checkbox"/>
PCOO	RIVETTE, JAMES D	45025 AVIATION DRIVE #450	DULLES VA 20166	<input type="checkbox"/>
VS	STOUGHTON, DAVID H	45025 AVIATION DRIVE #450	DULLES VA 20166	<input type="checkbox"/>
VT	TOLLETTE, J TIM	45025 AVIATION DRIVE #450	DULLES VA 20166	<input type="checkbox"/>
VD	MANNING, ROBERT M	3625 QUEEN PALM DRIVE	TAMPA FL 33619	<input type="checkbox"/>
V	KURLIN, PATRICIA A	3625 QUEEN PALM DRIVE	TAMPA FL 33619	<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
CEO	Ruberg, David C	3625 Queen Palm Dr.	Tampa FL 33619	<input checked="" type="checkbox"/>	<input type="checkbox"/>
AT	Walters, Jeanne M.	3625 Queen Palm Dr.	Tampa FL 33619	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

(813) 829-0011

Daytime Phone #

CR2E034 (1/1998)