

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000003644

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC6385276221**

**Entity Name:** NETWORK OPERATOR SERVICES, INC.

**Current Principal Place of Business:**

119 W. TYLER, SUITE 260  
LONGVIEW, TX 75601

**Current Mailing Address:**

PO BOX 3529  
LONGVIEW, TX 75606

**FEI Number: 75-2236192**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARTIN, TIM  
Address P O BOX 3529  
City-State-Zip: LONGVIEW TX 75606

Title VPD  
Name MARTIN, RON  
Address P O BOX 3529  
City-State-Zip: LONGVIEW TX 75606

Title S  
Name MARTIN, LINDA  
Address P O BOX 3529  
City-State-Zip: LONGVIEW TX 75606

Title R  
Name HUTCHISON, RON  
Address P O BOX 3529  
City-State-Zip: LONGVIEW TX 75606

Title D  
Name ROTHROCK, TONY  
Address P O BOX 3529  
City-State-Zip: LONGVIEW TX 75606

Title D  
Name MARTIN, RICHARD  
Address P O BOX 3529  
City-State-Zip: LONGVIEW TX 75606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LINDA MARTIN**

**SECRETARY**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date