


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

FILED

**May 14 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006542 (2)
 1. Corporation Name
NETSOLVE, INCORPORATED



Principal Place of Business 9130 JOLLYVILLE RD AUSTIN TX 78759	Mailing Address 9130 JOLLYVILLE RD AUSTIN TX 78759
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12331 Riata Trace Pkwy	26 12331 Riata Trace Pkwy			12/13/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				75-2094811	
22	27	5. Certificate of Status Desired		Applied For	
City & State	City & State	<input type="checkbox"/>		Not Applicable	
23 Austin, TX 78727	28 Austin, TX	6. Election Campaign Financing		\$8.75 Additional Fee Required	
Zip	Country	Trust Fund Contribution		<input type="checkbox"/>	
24 78727	25 U.S.	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29 78727	30 U.S.				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYSDAL, CRAIG S.	1.2 NAME	See attached
STREET ADDRESS	21 CICERO LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ADAMS, JOEL P	2.2 NAME	
STREET ADDRESS	518 BROAD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEWICKLEY PA 15143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLARD, J MICHAEL	3.2 NAME	
STREET ADDRESS	1 1ST ST #9	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ALTOS CA 94022	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMLICH, C RICHARD	4.2 NAME	
STREET ADDRESS	235 MONTGOMERY ST #1025 RUSS BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94101	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, JOHN S	5.2 NAME	
STREET ADDRESS	8000 MARYLAND AVE #1190	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63105	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, H LELAND	6.2 NAME	
STREET ADDRESS	14457 GILLIS	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75244	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.

SIGNATURE: *[Signature]* 4-29-98 512-340-3000

CR2E034 (10/97)

NETSOLVE, INCORPORATED

OFFICERS		STREET ADDRESS	CITY	STATE	ZIP	SSN
NAME	TITLE					
Craig S. Tysdal	President & Chief Executive Officer	21 Cicero Lane	Austin	TX	78746	546-62-7779
Kenneth C. Kieley	VP of Finance, Secretary & Chief Financial Officer	5207 Rain Creek Pkwy	Austin	TX	78759	454-94-7130
Robert Polman	VP of Operations	3103 Heyden Bend	Austin	TX	78733	352-62-2326
Chris Bufturn	VP of Sales	12331 Ricta Trace Pkwy	Austin	TX	78727	034-38-8843
Michael R. Turner	VP of Marketing	9104 Deer Shadow Pass	Austin	TX	78733	293-42-1493
Terrence Cheng	VP of Software Development	8514 Sweet Cherry Drive	Austin	TX	78750	228-27-2070
DIRECTORS						
NAME	STREET ADDRESS	CITY	STATE	ZIP		
Joel P. Adams	518 Brood Street	Sewickley	PA	15143	110-40-8732	
J. Michael Gulkard	325 Distel Circle, Suite 100	Los Altos	CA	94022	517-48-2791	
C. Richard Kranlich	2490 Sand Hill Road	Menlo Park	CA	94025	387-30-8927	
John S. McCarthy	8000 Maryland Ave St 1190	St. Louis	MO	63105	496-50-6096	
H. Leland Murphy	14305 Inwood Road, #101-44	Dallas	TX	75244	487-48-1520	
C Vin Prothro	4401 S. Beltwood Pkwy	Dallas	TX	75244	460-70-0891	
Craig S. Tysdal	21 Cicero Lane	Austin	TX	78746	546-62-7779	
Howard D. Wolfe	1119 St. Paul St.	Baltimore	MD	21202	001-30-9216	