
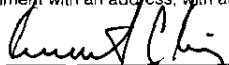


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90322 040 \*\*\*150.00

<b>DOCUMENT # F96000006542</b>					
1. Entity Name <b>NETSOLVE, INCORPORATED</b>					
Principal Place of Business <b>9500 AMBERGLEN BLVD AUSTIN, TX 78729 US</b>			Mailing Address <b>9500 AMBERGLEN BLVD AUSTIN, TX 78729 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>75-2094811</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOOD, DAVID D	NAME	<b>See Attached</b>		
STREET ADDRESS	9500 AMBERGLEN BLVD				
CITY-ST-ZIP	AUSTIN, TX 78729				
TITLE	VSCF <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIELEY, KENNETH C	NAME			
STREET ADDRESS	5207 RAIN CREEK PKWY	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GULLARD, J MICHAEL	NAME			
STREET ADDRESS	325 DISTEL CIRCLE, STE 100	STREET ADDRESS			
CITY-ST-ZIP	LOS ALTOS, CA 94022	CITY-ST-ZIP			
TITLE	VPBD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POJMAN, ROBERT	NAME			
STREET ADDRESS	3103 HAYDEN BEND	STREET ADDRESS			
CITY-ST-ZIP	AUSTIN, TX	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCARTHY, JOHN S	NAME			
STREET ADDRESS	8000 MARYLAND AVE #1190	STREET ADDRESS			
CITY-ST-ZIP	ST LOUIS, MO 63105	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NARDUCCI, SUZANNE	NAME			
STREET ADDRESS	14910 SKY LANE	STREET ADDRESS			
CITY-ST-ZIP	LOS GATOS, CA	CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Kenneth C. Kieley 4/29/04		512/340-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

