

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:50

DOCUMENT # P28021 (4)
1. Corporation Name
DATA NETWORK SERVICES, INC.

Principal Place of Business Mailing Address
1001 E MAIN ST STE 505 1001 E MAIN ST STE 505
P. O. BOX 594 P. O. BOX 594
RICHMOND VA 23219 RICHMOND VA 23205-0594
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 3600 West Broad Street 26 P. O. Box 6823
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 696 27
City & State City & State
23 Richmond, VA 28 Richmond, VA
Zip Country Zip Country
24 23230-4916 25 US 29 23230-6823 30 US

3. Date Incorporated or Qualified 3a. Date of Last Report
02/07/1990 02/08/1994
4. FEI Number Applied For
54-1484932 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CT 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 of the current registered agent (if the corporation is a public body or a corporation registered in another state) (2031) Registered Agent signature required when mandatory DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MOTLEY, ROBERT H.
STREET ADDRESS	3721 GLADES END
CITY - ST - ZIP	RICHMOND VI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked in conformity with the provisions stated in Section 199.032, Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that the signatures shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the person or persons empowered to execute the report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or an attached report with an address.

SIGNATURE: Robert H. Motley *Robert H Motley* 2/8/95
SIGNATURE AND TYPE IN FULL PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR