

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Duasion 100 North Main Street Providence, RI 02903-1335 401-222-3040

2005 Filing Period: January 1 - March 1 • • Filing Fee: \$50.00 (FORM MUST BE TYPFD OR PRINTED IN BLACK) L. Composite ID No. 2 Name of Confraguesy 87984 **I-NET CORPORATION** 3. Mired Address Principal Business Office City State 2015 Plainfield Pike Johnston RI02919 r. Business Picaie No. 5 State of Dicorporation 6. SIG Code 401-942-8022 RHODE ISLAND 7922 Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT BUSINESS IN THE COMPUTER FIELD. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael W. Horn Street Address Street Address 2015 Plainfield Pike State Cig State Z_{4D} Johnston RI 02919 Secretary Aime Treasurer Name Michael W. Horn Michael W. Horn 2015 Plainfield Pike 2015 Plainfield Pike State RI9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 02919 Johnston RI FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State ZpCitt1 Director Name Director Name Street Address Street Address Cin Z_{ip} City $Z \psi$ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SCIARES Number of States Class/Series Par Value Number of Shares Glass/Series Par Value 8,000 \$.01 PAR VALUE 5000 common \$0.01 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contaifed herein fre title and correct. FOR SECRETARY OF STATE USE ONLY Tale of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI		Fee: \$50.00				
1 Corporate ID No.	2. Name of Corporation					
87984	I-NET CORPORA	TION				
3. Street Address Principal Business Office			City	State	Zip	
2015 Plainfield	Pike		Johnston	RI	02919	
4. Business Phone No.		5 State of Incorporation			6. SIC Code	
401-942-8022 7. Brief Description of the Character of Business Conducted in Rhode Island				<u> </u>	<u> </u>	
TO CONDUCT BUSINES	of Business Conducted in R S IN THE COMPUTER	FIELD.				
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN S	PACES BEFORE USING	ATTACHMENTS	
Michael W. Horn			<u></u>			
Street Address		<u> </u>	Street Address			
2015 Plainfield						
City	State	Zip	City	State	Z.(p	
Johnston	.] RI	L 02919	· • •			
Secretary Name			Treasurer Name			
Michael W. Horn	.		Michael W. Hor	<u>n</u>		
Street Address			Street Address			
<u>2015 Plainfield</u>	Pike		2015 Plainfiel	d Pike		
City	State	Zip	City	State	Zip	
Johnston	l RI	02919	Johnston	RI	02919	
9. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 📋 FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS	
Director Name			Director Name			
Street Address	· _		Street Address			
Cuy	State	Zip	City	State	Zip	
Dinctor Name	.J	.J	Director Name			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address	<u> </u>		
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT/	 ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACH	MENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Scries	Par Value	
8,000 \$.01 PAR VALUE			5000	common	\$0.01	
This report must be	signed in ink by eithe	er the President, Vice Pr	resident, Secretary, Assistan	t Secretary, Treasurer, 1	Receiver or Trustee	
	7 9 8 4 *	1	Under penalty of perj	ury, I declare and affirm th panying schedules and stat	nat I have examined this report ements, and that all statements	
File Date	4-04		Signature of Officer		1104 Date	
Check No. 2/05	<u></u>		Miruag Hora			
Ву:			Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY			Title of Officer			

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

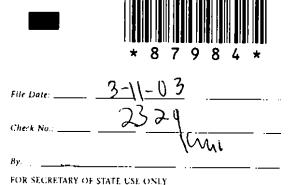
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Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation 87984 **I-NET CORPORATION** 3. Street Address Principal Business Office City Zip 2015 Plainfield Pike Johnston RI 02919 5. State of Incorporation 6 SIC Code 401-942-8022

7. Brief Description of the Character of Rusiness Conducted in Rhode Island RHODE ISLAND n Computer Related Products and Services for Networks 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael W. Horn Street Address 2015 Plainfield Pike State City State 7.10 Johnston RΙ 02919 Secretary Name Treasurer Name Michael W. Horn Michael W. Horn Street Address Street Address 2015 Plainfield Pike 2015 Plainfield Pike Cin Johnston RΙ 02919 RΙ 02919 Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name none none Street Address Street Address State Zip City Zip Director Name Director Name none none Street Address Street Address State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

5,000



Under penalty of perjury, I declare and	l affirm that I have examined
this report, including any accompanyi	ng schedules and statements, and
that all statements contained herein at	te true and correct.
MICHAEL HORN	

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\$.01

RESIDENT
of Officer
Form 630 12/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

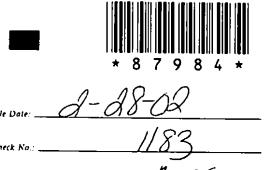
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLLASE INSTRUC	TIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 87984 I-NET CORPORATION 3. Street Address Principal Business Office City State 3015 EI FLAINFIELD 4. Business Phone No. S. State of Incorporation 6. SIC Code **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhade Island Computer Related Products and Services for Networks 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Michael W. Horn None Street Address Street Address 2015 Plainfield Pike City Zip City State ZIp Johnston RI 02919 Secretary Name Treasurer Name Michael W. Horn Michael W. Horn Street Address Street Address 2015 Plainfield Pike 2015 Plainfield Pike State Zip State ZIp Johnston RI 02919 RI Johnston 02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City State Zip City State Director Name Director Name None None Street Address Street Address City State Zip City State 7.1p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 \$.01 PAR VALUE 5,000 Common \$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af	firm that I have	examined
this report, including any accompanying :	schedules and st	atements, and
that all statements contained herein are t	rue and correct.	
Signature of Officer	Dule	
MICHAEL HOZI		
Print or Type Name of Officer		
TESTORIT		

.. 170 1710

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLIAM READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1.	Corporate	III No	

1. Corporate II) No 984

21-WEY COUNFORATION

3. Street Address Principal Bu	siness Office		City	State	Zip
2015 Plainfield 1. Rusiness Phone No. (401) 942-8022	d Pike	3-KWOBE"ISL	Johnston	RI	02919 6. sic cię
. Brief Description of the Cha	tracter of Business Conducted	in Rhode Island			
Computer Relat B. NAMES AND ADD resident Name Michael Horn treet Address 2015 Plainfiel	ted Products and RESSES OF THE OFF	d Services for ICERS (*x* BOX FOR AT		ES BEFORE USING ATTA	CHMENTS
ity	State	Zip	City	State	•
Johnston	RI	02919	Treasurer Name	State	Zip
Michael Horn treet Address			Michael Horn		
2015 Plainfield	l Pike State	Zip	2015 Plainfie	ld Pike .	Zip
Johnston . NAMES AND ADD Grector Name	RI RESSES OF THE DIR	02919 ECTORS (*x* box for	Johnston ATTACHMENT) FILL IN SPA Director Name	RI CES BEFORE USING AT	02010
None reel Address			None Street Address		
lty	State	Zip	City	State	Zip
irector Name	•	• •	Director Name	••	•
None reel Address			None Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORI JTHORIZED SHARES	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
umber of Shares 8,000 SHS \$.0	Class/Serles 1 PAR VALUE	Par Value	Number of Shares	Class/Series	Par Value
			5,000		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	F	ILED	
Check No.:	_JA	N 2 6 2001	
	Rv	10 DE-10	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements equitable therein are true and correct.

11.91

mature of Officer Date!

Michael Horn
Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 . Filing Fec: \$50.00



ring renou. Je	inuary 1	- murth 1	· riling rec. \$30.0	,,,		ISSIRU
(FORM MUST BE TYPE	D IN BLAC	K)				
1. Corporate ID No. 7 9 4 3. Street Address Principa		2. Name of Corp I-N (fice	^	City	State	Zip
233 CHAP 4. Business Phone No. (401) 397 – 7. Brief Description of the	7632	DRIVE	5. State of Incorpor	COVENTRY	y RI	02816 6. sic code 7922
			XTS AND SER FFICERS ("X" BOX FOR A		TWORKS	
MICHAE Street Address	C HOT	SN		SUZANI	NE HORN	
233 CHAI	NEA	DRIVE	ZIp	CIII) 233 CHA	PLIN DRIVE	Zip
Secretary Name	•	RI	Q5816	Treasurer Name	y RI	03816
Street Address		NONE		Street Address	NONE	
City		State	Zip	Clty	State	Zip
9. NAMES AND A	DDRESS	ES OF THE D	IRECTORS (*x* BOX FO	R ATTACHMENT) Director Name		
Street Address	N	ONE		Street Address	YONE	
City		State	Zip	City	State	Zip
Director Name	N	ONE		Director Name	I Mur	
Street Address		0140		Street Address	MONE	
City		State	Zip	City	State	Zip
10. SHARES AUTI	10RIZED	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUEI	D ("X" BOX FOR ATTACHMENT)
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	SHS	\$.01	PAR VALUE	None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
•	that all statements contained herein are true and correct.
File Date:	Michaelt) 3/30/2000
Check No.: MAY 1 0 2000	Signature of Officer Date
Check No.: MAY 1 8 2000	MICHAEL HORN
· 1291	Print or Type Name of Officer
By: Py VI 27	PROGRAMA HT
FOR SECRETARY OF STATE USE ONLY	TREGIDENT
	Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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PULASE READ	ł
PLEASE READ INSURFECTIONS	

riling Period: January 1-	March 1 • Fil	lng Fee: \$50.00		 _	PLIANE READ INSTRUCTION
(FORM MUST BE TYPED IN BLACK)	1				ASSIALT HOS
1. Corporate ID No. 87984	2. Name of Corporation Network Service	es Group Internatio	nal, Inc.		
3. Street Address Principal Business Offi	ce		City	State	Zip
a33 CHAPLIN DR 4. Business Phone No. 401 - 397-7632 7. Arief Description of the Character of 1		S. State of Incorporation RHODE ISLAND de Island	COVENTRY	RI	02816 6. SIC Code 7972
PROVIDE COMPUTE 8. NAMES AND ADDRESSES President Name	R RELATED	S dua savor	EDITOS (ENT) - FILL IN SPACES B Vice President Name	EFORE USING ATTACHM	ENTS
MICHAEL HORN Street Address			SUZANNE Street Address	HORE	
CIII DIE ES (SINE POLIVE	Zip COON	233 CHAF	ZIN DRIVE	Zip .
Secretary Name MICHAEL HORN		09816	Treasurer Name MICHAEL	LINES)	C0K16
Street Address 233CHAPUN	DR.	r	Street Address	PLIN DIRIVE	
Caterial	State RT OF THE DIRECTO	21p 00816	CILY	State	09816
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	JKS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES Director Name	BEFORE USING ATTACH	MENTS
Street Address			Street Address NONE		
City	State	Zip :	City	State	Zip
Director Name		• • •	Director Name		
Street Address			Street Address WOVE		•
City	ŝtate	Z(p	City	State	Zip
10. SHARES AUTHORIZED (*)	X & BOX FOR ATTACHM		11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	-
Number of Shares 8,000 SHS \$.01 PAR VA	Class/Series LUE	Par Value	Number of Shares	Class/Series	Par Value
		1	NOUE		•
his report must be signed i	n ink by either th	ne President, Vice Pres 1	sident, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Trustee
~ 0	1704 🔻				

Check No.: . FOR SECRETARY OF STATE USE ONLY Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all contained herein are true and correct. Print or Type Name of Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

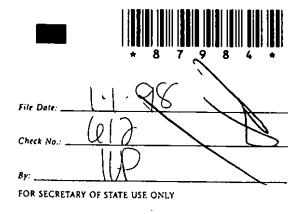
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STOP PLIAM READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No	2 11				
87984	2. Name of Corpora Network Se	rvices Group Interna	ational, inc.		
3. Street Address Principal Business		·	City	State	Zip
233 CHAPLIN	DRIVE		COVENTRY	. RI	Q3816
4. Business Phone No. (401) 397-7632 7. Brief Description of the Characte	er of Rusiness Conducted in	S. State of incorporation RHODE ISLAI	". <u> </u>		6. SIC CODE 7286
TO CONDUCT BUSINE			<u>የታምለ</u> πየ#ፍ ከለም	DWARE É SOF	- 1437-
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTA	SERVICES, HAID ICHMENT)	MUMBLE 7 JULI	MAKE
President Name			Vice President Name		
MICHAEL HORN Street Address			NONE Street Address		
CIII) 233 CHAPLIN	DRIVE				
COVENTRY	State RI	^{zip} 028 %	City	State	Zip
Secretary Name			Treasurer Name		
NONE			NONE	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES		·		State	Zip
9. NAMES AND ADDRES		·	TACHMENT) Director Name	State	ZIP
9. NAMES AND ADDRES Director Name MICHAEL HORN		·	TACHMENT) Director Name WNE	State	ZIp
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address	SES OF THE DIRE	·	TACHMENT) Director Name	State	ZIP
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address		·	TACHMENT) Director Name WNE	State State	·
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address 233 CHAPLIN DI City COVENTRY	ses of the dire	CTORS ("X" BOX FOR AT	TACHMENT) Director Name USNE Street Address		Zip Zip
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address 233 CHAPLIN D COVENTRY Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) Director Name Street Address City Director Name		·
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address 233 CHAPLIN Di COVENTRY Director Name NOVE	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) Director Name Street Address City Director Name NOUE		·
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address 233 CHAPLIN D City COVENTRY Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) Director Name Street Address City Director Name		·
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address 233 CHAPLIN D COVENTRY Director Name NONE Street Address	SES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) Director Name Street Address City Director Name NOUE		·
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address COVENTRY Director Name NONE Street Address City Coventry Coventr	SES OF THE DIRE	ZIP ZIP ZIP	TACHMENT) Director Name Street Address City Director Name NOUE Street Address	State	Zip Zip
9. NAMES AND ADDRES Director Name MICHAEL HORN Street Address 233 CHAPLIN D COVENTRY Director Name NOVE	SES OF THE DIRE	ZIP ZIP ZIP	TACHMENT) Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED	State	Zip Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date

Propietont
Tille of Officer



James R. Lungevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate II) No. 87984

4. Business Phone No.

2. Name of Corporation

Network Services Group International, Inc.

3. Street Address Principal Business Office

State

Zip

233 CHAPLIN DRIVE

COVENTRY 5. State of Incorporation

RΙ

02816

G. SIC Code

RHODE ISLAND

2. Brief Description of the Character of Business Conducted in Rhode Island

COMPUTER CONSULTING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

MICHAEL W. HORN

NONE

Street Address

Street Address

233 CHAPLIN DRIVE

City

State

Zip

City

State

Zip

COVENTRY

Secretary Name

RI

02816

Treasurer Name

NONE Street Address

NONE Street Address

City

State

Zip

City

State

ZIp

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

NONE

NONE

Street Address

Street Address

City

State

Z.Ip

City

State

ZIp

Director Name

NONE

Street Address

Director Name

NONE Street Address

City

Zip

City

State

Zio

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

State

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

8,000 SHS \$.01 PAR VALUE

8,000 SHS \$.01 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No.:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and contained herein are true and corre-

SIDENI

Title of Officer