

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213519596		
1.) CORPORATION NAME: Network Service Billing, Inc.		DUE DATE: 5/31/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA		SCC ID NO: F1627308		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY		5.) STOCK INFORMATION		
4.) STATE OR COUNTRY OF INCORPORATION: NV		<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50px;">CLASS</td> <td>AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 300 MAPLE PARK BLVD STE 301 CITY/ST/ZIP: ST CLAIR SHORES, MI 48081-2217				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: PETER LAGERGREN TITLE: PRES/DIR ADDRESS: 7251 W LAKE MEAD BLVD STE 300 CITY/ST/ZIP/CO: LAS VEGAS, NV 89128	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: RICK BEER TITLE: SECRETARY ADDRESS: 300 MAPLE PARK BLVD STE 301 CITY/ST/ZIP/CO: ST CLAIR SHORES, MI 48081-2217	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.				
<u>/s/ PETER LAGERGREN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PETER LAGERGREN, PRES/DIR</u> PRINTED NAME AND CORPORATE TITLE	<u>4/25/2013</u> DATE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.				