

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90017 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F98000000186**

1. Corporation Name  
**FOCAL COMMUNICATIONS CORPORATION OF FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**200 N. LASALLE ST., #820  
 CHICAGO IL 60601**

Mailing Address  
**200 N. LASALLE ST., #820  
 CHICAGO IL 60601**

3. Date Incorporated or Qualified  
**01/12/1998**

4. FEI Number  
**36-4202978**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21** Suite, Apt. #, etc. **22** **800**  
**23** City & State  
**24** Zip **25** Country **USA**

2a. Mailing Address  
**26** Suite, Apt. #, etc. **27** **800**  
**28** City & State  
**29** Zip **30** Country **USA**

9. Name and Address of Current Registered Agent  
**WOLFE, LARRY**  
**200-A JOHN KNOX RD.**  
**TALLAHASSEE FL 32303-6643**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT C JR	1.2 NAME	
STREET ADDRESS	200 N. LASALLE ST., #820	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	CFO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATTY, JOSEPH A	2.2 NAME	
STREET ADDRESS	200 N. LASALLE ST., #820	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Robert M. Jankroski
STREET ADDRESS		3.3 STREET ADDRESS	200 N. LaSalle St. Suite 800
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chicago IL 60601
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	John Barnicle
STREET ADDRESS		4.3 STREET ADDRESS	200 N. LaSalle St. Suite 800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Brian Addy
STREET ADDRESS		5.3 STREET ADDRESS	200 N. LaSalle St. Suite 800
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Chicago IL 60601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Renee Martin
STREET ADDRESS		6.3 STREET ADDRESS	200 N. LaSalle St. Suite 800
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago, IL 60601

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 48.07(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, with all other like empowered.

SIGNATURE: *Katherine Harris* Date: 3/2/99 8400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)