

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90020 007 ***150.00

DOCUMENT # F98000000186

1. Entity Name
FOCAL COMMUNICATIONS CORPORATION OF FLORIDA

Principal Place of Business 200 N. LASALLE ST., #820 1100 CHICAGO IL 60601	Mailing Address 200 N. LASALLE ST., #820 1100 CHICAGO IL 60601
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **36-4202978** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name: _____
 Street Address (P.O. Box Number is Not Acceptable)

 City: _____ **FL** Zip Code _____

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME TAYLOR, ROBERT C JR STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CHICAGO IL 60601	<input type="checkbox"/> Delete	TITLE CHAIRMAN + CEO NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFO NAME BEATTY, JOSEPH A STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CHICAGO IL 60601	<input checked="" type="checkbox"/> Delete	TITLE CFO M. JAY SINDER ROBERT BEATTY NAME STREET ADDRESS 200 N. LASALLE ST #1100 CITY-ST-ZIP CHICAGO IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME JUNKROSKI, ROBERT-M STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CHICAGO IL 60601	<input checked="" type="checkbox"/> Delete	TITLE T NAME M JAY SINDER STREET ADDRESS 200 N. LASALLE ST #1100 CITY-ST-ZIP CHICAGO IL 60601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME BARNICLE, JOHN STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CHICAGO IL 60601	<input type="checkbox"/> Delete	TITLE PRESIDENT + COO NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME MARTIN, RENEE STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CHICAGO IL 60601	<input type="checkbox"/> Delete	TITLE NAME MARTIN, RENEE M. STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE LEWIS SHENDER NAME 200 N. LASALLE ST #1100 STREET ADDRESS CHICAGO IL 60601 CITY-ST-ZIP ACTING SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ **DATE** 1/7/2002 **Daytime Phone #** 312-895-8484

CR2E034 (9/01)