


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90026 017 ***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
--	--

11000000



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4202978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	PERONE, KATHLEEN
STREET ADDRESS	200 N LASALLE ST # 1100
CITY - ST - ZIP	CHICAGO, IL 60601
TITLE	CFO
NAME	SINDER, M JAY
STREET ADDRESS	200 N LASALLE ST #1100
CITY - ST - ZIP	CHICAGO, IL 60601
TITLE	T
NAME	SINDER, M JAY
STREET ADDRESS	200 N LASALLE ST # 1100
CITY - ST - ZIP	CHICAGO, IL 60601
TITLE	S
NAME	BERNS, MATT
STREET ADDRESS	200 N LASALLE ST # 1100
CITY - ST - ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew H. Berns*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/13/04* Daytime Phone # *(312) 895-8457*