

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90111 032 \*\*\*150.00

**DOCUMENT # F99000000707**  
 1. Entity Name  
**VERIO SOUTHEAST, INC.**

Principal Place of Business 8005 SOUTH CHESTER STREET SUITE 200 ENGLEWOOD CO 80112	Mailing Address 8005 SOUTH CHESTER STREET SUITE 200 ENGLEWOOD CO 80112-3523
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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	
Zip	Country	Zip	Country

4. FEI Number <b>84-1467119</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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)  
 Signature, typed or printed name of registered agent and title if applicable 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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREEUTING, JAMES P</b>		NAME		
STREET ADDRESS	<b>1515 POYDRAS ST., STE 2600</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILDWEIN, JOHN M</b>		NAME		
STREET ADDRESS	<b>20 NORTH WACKER DR., STE 1960</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHICAGO IL</b>		CITY-ST-ZIP		
TITLE	<b>VS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONELSON, CARLA H</b>		NAME		
STREET ADDRESS	<b>8005 SOUTH CHESTER STREET, STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TARR, ANDREA D</b>		NAME		
STREET ADDRESS	<b>8005 SOUTH CHESTER STREET, STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACKMAN, STEVEN W</b>		NAME		
STREET ADDRESS	<b>8005 SOUTH CHESTER STREET, STE 200</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HRIBAR, HERBERT R</b>		NAME	<b>JASCHKE, JUSTIN L.</b>	
STREET ADDRESS	<b>8005 SOUTH CHESTER STREET, STE 200</b>		STREET ADDRESS	<b>8005 SOUTH CHESTER STREET, SUITE 200</b>	
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>		CITY-ST-ZIP	<b>ENGLEWOOD, CO 80112</b>	

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: Steven W. Sackman **Steven W. Sackman, Assistant Secretary** (303) 645-1928  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #