

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90050 015 \*\*\*150.00

**DOCUMENT # P25218**

1. Entity Name  
**GLOBAL CROSSING TELECOMMUNICATIONS, INC.**

Principal Place of Business  
**30300 TELEGRAPH ROAD  
 SUITE 350  
 BINGHAM FARMS MI 48025-4510  
 US**

Mailing Address  
*180 S. Clinton Ave.  
 Rochester,  
 NY 14606*



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 **36-3098226**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYES STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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

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, 2001 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	AT	<input type="checkbox"/> Delete
NAME	KAPPLER, RICHARD N	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOLE, JAMES G	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY 14646	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARRETT, ROBERT L	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LAVERDI, BARBARA J.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14646	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUBEK, JOSEPHINE S.	
STREET ADDRESS	180 S. CLINTON AVENUE	
CITY-ST-ZIP	ROCHESTER NY 14646	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CLAYTON, J P	
STREET ADDRESS	180 S CLINTON AVE	
CITY-ST-ZIP	ROCHESTER NY	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Rochester New York 14646	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Barbara J. LaVerdi* **Barbara J. LaVerdi** 4/10/01 716-777-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)