

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90151 030 \*\*\*150.00

**DOCUMENT# F96000003636**

1. Entity Name  
**GCI GLOBALCOM INC.**

Principal Place of Business  
**333 W. WACKER**  
**15TH FLOOR**  
**CHICAGO IL 60606**  
**US**

Mailing Address  
**333 W. WACKER**  
**15TH FLOOR**  
**CHICAGO IL 60606**  
**US**

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  
**36-3925117**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 E. PARK AVE**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PTD** ☐ Delete  
 NAME **SHAVE, JOHN T**  
 STREET ADDRESS **333 WEST WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **VD** ☐ Delete  
 NAME **FORTE, CHRIS**  
 STREET ADDRESS **333 W. WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **SD** ☐ Delete  
 NAME **WINCE, ERIC**  
 STREET ADDRESS **333 W. WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **D** ☐ Delete  
 NAME **CANNON, WILLIAM**  
 STREET ADDRESS **333 WEST WACKER, STE. 1500**  
 CITY-ST-ZIP **CHICAGO IL 60602**

TITLE **VP** ☐ Delete  
 NAME **MCCARTHY, GAVIN**  
 STREET ADDRESS **333 WEST WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO IL 60602**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **Shave, John T.**  
 STREET ADDRESS **333 West Wacker, 15th Floor**  
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VD** ☒ Change ☐ Addition  
 NAME **WINCE, ERIC**  
 STREET ADDRESS **333 W. WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE **D** ☒ Change ☐ Addition  
 NAME **CANNON, WILLIAM**  
 STREET ADDRESS **333 WEST WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE **V** ☒ Change ☐ Addition  
 NAME **McCarthy, Gavin**  
 STREET ADDRESS **333 West Wacker, Ste. 1500**  
 CITY-ST-ZIP **Chicago, IL 60606**

TITLE **S** ☐ Change ☒ Addition  
 NAME **ROBERTSON, GREG**  
 STREET ADDRESS **333 W. WACKER, 15TH FLOOR**  
 CITY-ST-ZIP **CHICAGO, IL 60606**

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 empowerments.

SIGNATURE: **Gavin McCarty**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3.6.02**

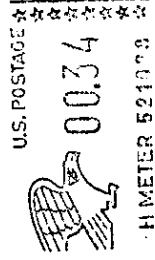
**312-895-8818**

CR2E034 (9/01)



210 N. Park Ave.  
P.O. Drawer 200  
Winter Park, FL  
32790-0200

346571



TECHNOLOGIES MANAGEMENT, INC.

P.O. DRAWER 200

WINTER PARK, FL 32790-0200



ATTACHMENT

346571

March 12, 2002  
Via Overnight Delivery

210 N. Park Ave.  
Winter Park, FL  
32789

P.O. Drawer 200  
Winter Park, FL  
32790-0200

Tel: 407-740-8575  
Fax: 407-740-0613  
tmi@tminc.com

Annual Report Filing  
Florida Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
850-488-9000

RE: GCI Globalcom, Inc.  
Florida Secretary of State Annual Report  
Document # F96000003636  
2002 Uniform Business Report (UBR)

Dear Sir:

Enclosed please find the 2002 Uniform Business Report, which is being filed on behalf of GCI Globalcom, Inc. A check in the amount of \$150.00 is enclosed to cover the fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Questions regarding this request should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Mark G. Lammert  
Compliance Reporting Consultant

cc: Bridget Wade – GCI Globalcom, Inc.

file: GCI Globalcom, Inc. - Secretary of State - Florida



ATTACHMENT

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