

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 017944

**FILED**  
**Apr 25, 2022**  
**Secretary of State**  
**1609881332CC**

**Entity Name:** CENTURYLINK OF FLORIDA, INC.

**Current Principal Place of Business:**

100 CENTURYLINK DRIVE  
MONROE, LA 71203

**Current Mailing Address:**

100 CENTURYLINK DRIVE  
MONROE, LA 71203 US

**FEI Number:** 59-0248365

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name COX, GARY MAXWELL  
Address 100 CENTURYLINK DRIVE  
City-State-Zip: MONROE LA 71203

Title D  
Name GOFF, STACEY W  
Address 100 CENTURYLINK DRIVE  
City-State-Zip: MONROE LA 71203

Title CEO  
Name STOREY, JEFFREY K  
Address 1025 EL DORADO BLVD  
City-State-Zip: BROOMFIELD CO 80021

Title CFO  
Name STANSBURY, CHRIS  
Address 1025 EL DORADO BLVD  
City-State-Zip: BROOMFIELD CO 80021

Title TREASURER  
Name MARTINEZ-CHAPMAN, RAFAEL  
Address 1025 EL DORADO BLVD  
City-State-Zip: BROOMFIELD CO 80021

Title ASST. SECRETARY  
Name RANDAZZO, JOAN E.  
Address 100 CENTURYLINK DRIVE  
City-State-Zip: MONROE LA 71203

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY M COX

**SECRETARY**

**04/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date