

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90176 030 ***158.75

DOCUMENT # F00000001447
 1. Entity Name: **EDGE CONNECTIONS, INC.**

Principal Place of Business: _____ Mailing Address: _____

C0057496

2. Principal Place of Business: **1100 JOHNSON FERRY ROAD**
 Suite, Apt. #, etc.: **SUITE 400**
 City & State: **ATLANTA, GA**

3. Mailing Address: **1100 JOHNSON FERRY ROAD**
 Suite, Apt. #, etc.: **SUITE 400**
 City & State: **ATLANTA, GA**

4. FEI Number: **58-2504614**
 Applied For: Not Applicable

DO NOT WRITE IN THIS SPACE

Zip: **30342** Country: **U.S.A.**

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

6. Name and Address of Current Registered Agent:
ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY
SUITE 300
PALM BEACH, FLA 33480

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) 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, 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

TITLE: DIC	<input checked="" type="checkbox"/> Delete
NAME: JOHN G. HAYES	
STREET ADDRESS: ONE LIBERTY SQUARE	
CITY-ST-ZIP: BOSTON, MA 02109	
TITLE: DIP/IT	<input type="checkbox"/> Delete
NAME: JAMES F. MCKENNA	
STREET ADDRESS: 1200 ABBINATHY ROAD, SUITE 1700	
CITY-ST-ZIP: ATLANTA, GA 30328	
TITLE: D/S	<input type="checkbox"/> Delete
NAME: MARK E. EVANS	
STREET ADDRESS: ONE LIBERTY SQUARE	
CITY-ST-ZIP: BOSTON, MA 02109	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DIC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: CHRISTOPHER GAFFNEY	
STREET ADDRESS: ONE LIBERTY SQUARE	
CITY-ST-ZIP: BOSTON, MA 02109	
TITLE: DIP/IT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAMES F. MCKENNA	
STREET ADDRESS: 1100 JOHNSON FERRY ROAD, SUITE 400	
CITY-ST-ZIP: ATLANTA, GA 30342	
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:  **JAMES F. MCKENNA** **4/20/01** **404-459-0468**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)