2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 16, 2001 8:00 am
Secretary of State
03-01-2001 90057 005 ***150.00

DOCUMENT # F00000002206

1. Entity Name
CYPRESS COMMUNICATIONS OPERATING COMPANY, INC.

Principal Place of Business	Mailing Address
15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305	15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15 Piedmont Center	15 Piedmont Center
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30305 Country	Zip 30305 Country

4. FEI Number ~~APPLIED FOR~~ 58-2536853 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO ALLEN, R. STANLEY 15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, CEO Blount, W. Frank 1040 Stovall Blvd, N.E. Atlanta, GA 30319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GRAVES, MARK A 15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, CFO, S McCarthy, Robert W 719 Elkmont Dr. Atlanta, GA 30306	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD BONIFACE, BARRY L 15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman, D Allen, R. Stanley 4408 East Conway Dr. Atlanta, GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOURDEAUX, WARD C JR. 15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP, D Bourdeaux, Ward C Jr. 694 Wesley Dr. Atlanta, GA 30327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS MCCARTHY, ROBERT W 15 PIEDMONT CENTER, SUITE 710 ATLANTA GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP of Finance Amato, Christopher S 2009 Raleigh Tavern Dr. Roswell, GA 30076	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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 another like empowered.

SIGNATURE: Chris S. Amato Chris S. Amato 2/19/01 404-442-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #