

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90010 013 ***150.00

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DOCUMENT # F00000003307

1. Entity Name

TELSEON CARRIER SERVICES, INC.

Principal Place of Business

**7887 SOUTH BELLEVIEW AVE., SUITE 600
 ENGLEWOOD CO 80111**

Mailing Address

**7887 SOUTH BELLEVIEW AVE., SUITE 600
 ENGLEWOOD CO 80111**

2. Principal Place of Business

7887 E. Belleview Ave.

3. Mailing Address

7887 E. Belleview Ave.

Suite, Apt. #, etc.

#600

Suite, Apt. #, etc.

#600

City & State

Englewood, CO

City & State

Englewood, CO

Zip

80111

Country

USA

Zip

80111

Country

USA

4. FEI Number

94-3321333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 **DCEO** ☐ Delete
 NAME **KANE, JOHN**
 STREET ADDRESS **480 S. CALIFORNIA AVENUE**
 CITY-ST-ZIP **PALO ALTO CA 94306**

TITLE **PASD** ☒ Delete
 NAME **RUSSELL, STEVEN**
 STREET ADDRESS **480 S. CALIFORNIA AVENUE**
 CITY-ST-ZIP **PALO ALTO CA 94306**

TITLE **S** ☐ Delete
 NAME **MILLER, STEVEN**
 STREET ADDRESS **480 S. CALIFORNIA AVENUE**
 CITY-ST-ZIP **PALO ALTO CA 94306**

TITLE **VCTO** ☒ Delete
 NAME **SEAMAN, MICK**
 STREET ADDRESS **7887 S. BELLVIEW AVD., SUITE 600**
 CITY-ST-ZIP **ENGLEWOOD CO 80111**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☒ Change ☐ Addition
 NAME **Kane, John**
 STREET ADDRESS **7887 E. Belleview Ave. #600**
 CITY-ST-ZIP **Englewood Co 80111**

TITLE **President** ☒ Change ☐ Addition
 NAME **Michael J. McHale**
 STREET ADDRESS **7887 E. Belleview Ave. #600**
 CITY-ST-ZIP **Englewood Co 80111**

TITLE **EVP, General Counsel & Secretary** ☒ Change ☐ Addition
 NAME **Steven Miller**
 STREET ADDRESS **7887 E. Belleview Ave. #600**
 CITY-ST-ZIP **Englewood, CO 80111**

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

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

TITLE ☐ Change ☐ 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:

Steven Miller

1/28/02

(720)554-7012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)