

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000004262**

1. Entity Name

**COGENT INTERNET, INC.****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90029 008 \*\*\*150.00

Principal Place of Business

C/O COGENT COMMUNICATIONS, INC.  
1015 31ST STREET, N.W.  
WASHINGTON DC 20007

Mailing Address

C/O COGENT COMMUNICATIONS, INC.  
1015 31ST STREET, N.W.  
WASHINGTON DC 20007

2. Principal Place of Business

1015 31st Street, NW

3. Mailing Address

1015 31st Street, NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

Washington DC

City &amp; State

Washington DC

Zip

20007

Country

US

Zip

20007

Country

US

4. FEI Number **52-2246877**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 filer applicable.

(NOTE: Registered Agent's 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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHAEFFER, DAVE  
STREET ADDRESS 1015 31ST STREET, N.W.  
CITY-ST-ZIP WASHINGTON DC 20007 ☐ DeleteTITLE ST  
NAME WEED, THADDEUS G  
STREET ADDRESS 1015 31ST STREET, N.W.  
CITY-ST-ZIP WASHINGTON DC 20007 ☐ DeleteTITLE D  
NAME WEI, JAMES  
STREET ADDRESS 435 TASSO STREET, SUITE 120  
CITY-ST-ZIP PALO ALTO CA 94301 ☐ DeleteTITLE D  
NAME MARGALIT, EREL  
STREET ADDRESS C/O JERUSALEM VNTR PRTRRS, BLDG. ONE  
CITY-ST-ZIP MALHA, JERUSALEM, ISRAEL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE Secretary/Treasurer  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)