

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004976

1. Entity Name

BROADWING IT CONSULTING INC.

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90304 048 \*\*\*150.00

80051534



DO NOT WRITE IN THIS SPACE

Principal Place of Business

201 EAST FOURTH STREET  
CINCINNATI OH 45202

Mailing Address

201 EAST FOURTH STREET  
CINCINNATI OH 45202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1581935

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS LACKEY, JEFF  
CITY-ST-ZIP 201 EAST FOURTH STREET  
CINCINNATI OH 45202

TITLE ☐ Delete  
NAME COO  
STREET ADDRESS PONTIN, RICHARD S  
CITY-ST-ZIP 201 EAST FOURTH STREET  
CINCINNATI OH 45202

TITLE ☐ Delete  
NAME V  
STREET ADDRESS THIEME, THOMAS  
CITY-ST-ZIP 201 EAST FOURTH STREET  
CINCINNATI OH 45202

TITLE ☒ Delete  
NAME S  
STREET ADDRESS TAYLOR, THOMAS E  
CITY-ST-ZIP 201 EAST FOURTH STREET  
CINCINNATI OH 45202

TITLE ☐ Delete  
NAME T  
STREET ADDRESS PETERSON, MARK W  
CITY-ST-ZIP 201 EAST FOURTH STREET  
CINCINNATI OH 45202

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS ELLENBERGER, RICHARD G  
CITY-ST-ZIP 201 EAST FOURTH STREET  
CINCINNATI OH 45202

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Jeffrey C. Smith  
CITY-ST-ZIP 1122 Capital of Texas Hwy. South  
Austin, TX 78746

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:

*Jeffrey C. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

Date

Daytime Phone #

CR2E034 (10/00)