2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # F00000005142 1. Entity Name AMERICAN FIBER SYSTEMS, INC. 05-13-2002 90188 049 ***150.00 Principal Place of Business Mailing Address 100 MERIDIAN CENTRE. SUITE 250 100 MERIDIAN CENTRE, SUITE 250 999191 ROCHESTER NY 14623 ROCHESTER NY 14623 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 16-1584044 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PCEO** ☐ Delete TITLE ☐ Change ☐ Addition NAME RUSIN, DAVID G NAME STREET ADDRESS 22 HARWOOD LANE STREET ADDRESS CITY-ST-ZIP **EAST ROCHESTER NY 14445** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BAXTER, DAVID NAME STREET ADDRESS 4 BAUERS COVE STREET ADDRESS CITY-ST-ZIP SPENCERPORT NY 14559 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME DANCHAK, DAVID NAMF _ STREET ADDRESS 150 GROSVENOR ROAD STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY 14610** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DEROSA, ROBERT J NAME STREET ADDRESS 29 SUMMER GLEN DRIVE STREET ADDRESS CITY-ST-7IP PENFIELD NY 14526 CITY-ST-ZIP TITLE ٧S ☐ Delete TITLE ☐ Change ☐ Addition NAME RAMACHANDRAN, GITA NAME STREET ADDRESS 1512 EAST AVENUE STREET ADDRESS CITY-ST-7IP **ROCHESTER NY 14610** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DRAZEN, JEFFREY NAME STREET ADDRESS 3000 SAND HILL ROAD, BLDG. 4, SUITE 210 STREET ADDRESS

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules, 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

CITY-ST-ZIP

SIGNATURE:

MENLO PARK CA 94025

CITY-ST-ZIP

12 Dirt SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E034 (9/01)