

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005146

Entity Name
QOS NETWORKS, INC.

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-14-2001 90151 001 ***450.00

7037

Principal Place of Business
11 MARIETTA STREET, SUITE 2600
ATLANTA GA 30303

Mailing Address
101 MARIETTA STREET, SUITE 2600
ATLANTA GA 30303

1. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0384806	APPLIED FOR	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	

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

is corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE'S \$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	PD VALENTINE, JAMES 2132 WISCONSIN AVE., N.W., THIRD FLOOR WASHINGTON, DC 20007 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTINE, JAMES 101 Marietta Street, Suite 2600 Atlanta, GA 30303 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KEANE, NICOLA 2132 WISCONSIN AVE., N.W., THIRD FLOOR WASHINGTON, DC 20007 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEANE, MICHAEL 101 Marietta Street, Suite 2600 Atlanta, GA 30303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BONDAREWSKA, HANNA 2132 WISCONSIN AVE., N.W., THIRD FLOOR WASHINGTON, DC 20007 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, MATTHEW ESQ. 101 Marietta Street, Suite 2600 Atlanta, GA 30303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD O'NEILL, LAWRENCE D KILLADREENAN GRANGE NEWCASTLE, WICKLOW, IRELAND ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WRIGHT, DONALD 101 Marietta Street, Suite 2600 Atlanta, GA 30303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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 OF DIRECTOR

Date

Daytime Phone #

4/18/01 (404) 739-0336