

Continued 7089 2400

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90065 009 ***158.75

DOCUMENT # F00000005452

1. Entity Name
USINTERNETWORKING, INC.

Principal Place of Business

ONE US-1 PLAZA
ANNAPOLIS MD 21401-7478

Mailing Address

ONE US-1 PLAZA
ANNAPOLIS MD 21401-7478

2. Principal Place of Business

One US-1 Plaza
Suite, Apt. #, etc.

3. Mailing Address

One US-1 Plaza
Suite, Apt. #, etc.

City & State

Annapolis, Maryland

City & State

Annapolis, Maryland

Zip

Country

21401-7478

Anne Arundel

Zip

Country

21401-7478

Anne Arundel

4. FEI Number 52-2078325

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

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 this is acceptable

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCLEARY, CHRISTOPHER R ONE US-1 PLAZA ANNAPOLIS MD 21401-7478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO STERN, ANDREW A ONE US-1 PLAZA ANNAPOLIS MD 21401-7478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PRICE, WILLIAM T ONE US-1 PLAZA ANNAPOLIS MD 21401-7478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO MCENEANEY, MARK J ONE US-1 PLAZA ANNAPOLIS MD 21401-7478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, FRANK A ONE US-1 PLAZA ANNAPOLIS MD 21401-7478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIENZA, CATHY M ONE US-1 PLAZA ANNAPOLIS MD 21401-7478	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
See Schedule Attached	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

2/27/01

410-897-4469

CR2E034 (10/00)

DOC # F00000005452
B0019942

**USinternetworking, Inc.
Florida 2001 Uniform Business Report
Officers and Directors**

1. Full Legal Name: Frank A. Adams
Title(s): Director
Business Addr: 9690 Deereco Road
Timonium, MD 21093
2. Full Legal Name: Cathy M. Brienza
Title(s): Director
Business Addr: One Rockefeller Plaza, Suite 3300
NY, NY 10020-2102
3. Full Legal Name: Michael C. Brooks
Title(s): Director
Business Addr: 30 Rockefeller Plaza, Room 5508
NY, NY 10112
4. Full Legal Name: Benjamin Diesbach
Title(s): Director
Business Addr: 441 Vine Street, Suite 507
Cincinnati, OH 45202
5. Full Legal Name: William F. Earthman
Title(s): Director
Business Addr: 1 Burton Hills Blvd., Suite 350
Nashville, TN 37215
6. Full Legal Name: Christopher R. McCleary
Title(s): Chairman
Business Addr: One Usi Plaza, 2500 Riva Road
Annapolis, MD 21401
7. Full Legal Name: Stephen E. McManus
Title(s): Director and President
Business Addr: One Usi Plaza, 2500 Riva Road
Annapolis, MD 21401
8. Full Legal Name: R. Dean Meiszer
Title(s): Director
Business Addr: 441 Vine Street, Suite 3900
Cincinnati, OH 45202
9. Full Legal Name: David J. Poulin
Title(s): Director
Business Addr: University of Notre Dame, Hockey Office, Joyce Center
Notre Dame, IN 46556