

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90235 028 ***550.00

0131837 AT

DOCUMENT # F00000005809			
1. Entity Name ACCESS COLO, INC.			
Principal Place of Business 55 MADISON AVENUE MORRISTOWN NJ 07960		Mailing Address 55 MADISON AVENUE MORRISTOWN NJ 07960	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. SUITE 300		Suite, Apt. #, etc. SUITE 300	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3720962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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	
		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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DCEO	<input type="checkbox"/> Delete		TITLE	A/C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAYO, A. DALE			NAME	MAYO, A. DALE		
STREET ADDRESS	55 MADISON AVENUE			STREET ADDRESS	55 MADISON AVENUE, SUITE 300		
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP	MORRISTOWN NJ 07960		
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARKS, BRETT E			NAME	MARKS, BRETT E		
STREET ADDRESS	55 MADISON AVENUE			STREET ADDRESS	55 MADISON AVENUE, SUITE 300		
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP	MORRISTOWN NJ 07960		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FARRELL, KEVIN			NAME	FARRELL, KEVIN		
STREET ADDRESS	55 MADISON AVENUE			STREET ADDRESS	55 MADISON AVENUE, SUITE 300		
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP	MORRISTOWN NJ 07960		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOOTH, KEVIN			NAME	BOOTH, KEVIN		
STREET ADDRESS	55 MADISON AVENUE			STREET ADDRESS	55 MADISON AVENUE, SUITE 300		
CITY-ST-ZIP	MORRISTOWN NJ 07960			CITY-ST-ZIP	MORRISTOWN NJ 07960		
TITLE		<input type="checkbox"/> Delete		TITLE	V/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	LOFFREDO, GARY S.		
STREET ADDRESS				STREET ADDRESS	55 MADISON AVENUE, SUITE 300		
CITY-ST-ZIP				CITY-ST-ZIP	MORRISTOWN NJ 07960		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	COLONER, WARREN		
STREET ADDRESS				STREET ADDRESS	55 MADISON AVENUE, SUITE 300		
CITY-ST-ZIP				CITY-ST-ZIP	MORRISTOWN NJ 07960		

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, without other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/01 973-290-0080

Date Daytime Phone #

CR2E034 (5/01)

Attachment
773 973

AccessColo, Inc.
2001 Uniform Business Report (UBR)

Attachment – Box 12

Addition

Title	D
Name	Davidoff, Robert
Street Address	55 Madison Avenue, Suite 300
City-St-Zip	Morristown, NJ 07960