

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90052 039 \*\*\*150.00

<b>DOCUMENT # F01000000302</b> 1. Entity Name <b>SWITCH &amp; DATA FACILITIES COMPANY, INC.</b>					
Principal Place of Business <b>1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607</b>			Mailing Address <b>1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>50004862</b> 	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3641081</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>POLLOCK, GEORGE A JR. 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LUBY, WILLIAM K 199 WATER STREET, 20TH FLOOR NEW YORK, NY 10038 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBY, WILLIAM K. 199 WATER STREET, 20TY FLOOR NEW YORK, NEW YORK 10038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OLSEN, KEITH 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D OLSEN, KEITH 1715 NORTH WESTSHORE BLVD. #650 TAMPA, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINS, PATRICIA L 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMMIS, FRED R. 660 TRAVIS, SUITE 6110 HOUSTON, TX 77002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MYNARD, CLAYTON 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S MYNARD, CLAYTON 1715 NORTH WESTSHORE BLVD. #650 TAMPA, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POLLOCK, GEORGE A JR. 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/CFO/T POLLOCK, GEORGE A. JR. 1715 NORTH WESTSHORE BLVD.#650 TAMPA, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, GEORGE B 660 TRAVIS, SUITE 6110 HOUSTON, TX 77002 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATIN, ARTHUR 1715 N. WESTSHORE BLVD. #650 TAMPA, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>		Clayton Mynard, Secretary		(813) 207-7700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

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ATTACHMENT TO

2005 FOR PROFIT CORPORATION ANNUAL REPORT FOR

SWITCH & DATA FACILITIES COMPANY, INC.

DOCUMENT #F01000000302

# F01000000302  
50004862

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title:	D	<input checked="" type="checkbox"/> Addition
Name:	EARLEY, KATHLEEN	
Street Address:	1715 N.-WESTSHORE BLVD. #650	
City-ST-Zip:	TAMPA, FL 33607	

ATTACHMENT

F01000000302  
50004862



Switch and Data

**VIA Regular Mail**

January 19, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Switch & Data Facilities Company, Inc. -  
2005 For Profit Annual Report

Dear Madam or Sir:

Enclosed for filing with the Department of State is the 2005 For Profit Annual Report for Switch & Data Facilities Company, Inc. along with a check in the amount of \$150 for the filing fee.

Thank you for your assistance in this matter. Please call me if you have any questions.

Sincerely,  
Switch and Data Facilities Company, Inc.

Pattie Rimas  
Paralegal