
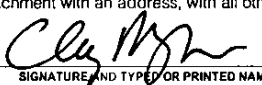


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90036 022 \*\*\*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.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3641081</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>POLLOCK, GEORGE A JR. 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D LUBY, WILLIAM K 199 WATER STREET, 20TH FLOOR NEW YORK, NY 10038	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO OLSEN, KEITH 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUMMIS, FRED R 660 TRAVIS, SUITE 6110 HOUSTON, TX 77002	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MYNARD, CLAYTON 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO POLLOCK, GEORGE A JR. 1715 NORTH WESTSHORE BLVD., SUITE 650 TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>  , Secretary				1/18/06 (813) 207-7700	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

# ATTACHMENT

60007815

ATTACHMENT TO  
2006 FOR PROFIT CORPORATION ANNUAL REPORT FOR  
**SWITCH & DATA FACILITIES COMPANY, INC.**  
**DOCUMENT #F01000000302**

## 11. OFFICERS AND DIRECTORS

Title: D  
Name: Matin, Arthur  
Street Address: 1715 N. Westshore Blvd #650  
City-ST-Zip: Tampa, FL 33607

Title: D  
Name: Earley, Kathleen  
Street Address: 1715 N. Westshore Blvd #650  
City-ST-Zip: Tampa, FL 33607

Title: D  
Name: Olsen, Keith  
Street Address: 1715 N. Westshore Blvd #650  
City-ST-Zip: Tampa, FL 33607