2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F01000000302

Entity Name: SWITCH & DATA FACILITIES COMPANY, INC.

Current Principal Place of Business:

1715 NORTH WESTSHORE BLVD., SUITE 650
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

1715 NORTH WESTSHORE BLVD., SUITE 650
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3641081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POLLOCK, GEORGE A JR.
1715 NORTH WESTSHORE BLVD., SUITE 650
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LUBY, WILLIAM K	
Address:	199 WATER STREET, 20TH FLOOR	
City-St-Zip:	NEW YORK, NY 10038	
Title:	PCEO	( ) Delete
Name:	OLSEN, KEITH	
Address:	1715 NORTH WESTSHORE BLVD., SUITE 650	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	LUMMIS, FRED R	
Address:	660 TRAVIS, SUITE 6110	
City-St-Zip:	HOUSTON, TX 77002	
Title:	VS	( ) Delete
Name:	MYNARD, CLAYTON	
Address:	1715 NORTH WESTSHORE BLVD., SUITE 650	
City-St-Zip:	TAMPA, FL 33607	
Title:	VCFO	( ) Delete
Name:	POLLOCK, GEORGE A JR.	
Address:	1715 NORTH WESTSHORE BLVD., SUITE 650	
City-St-Zip:	TAMPA, FL 33607	
Title:	D	( ) Delete
Name:	KELLY, GEORGE B	
Address:	660 TRAVIS, SUITE 6110	
City-St-Zip:	HOUSTON, TX 77002	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	OLSEN, KEITH	
Address:	1715 NORTH WESTSHORE BLVD., SUITE 650	
City-St-Zip:	TAMPA, FL 33607	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAYTON MYNARD VS 01/07/2008

Electronic Signature of Signing Officer or Director — Date