

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90005 025 ***558.75

DOCUMENT # F01000001797

1. Entity Name
INOVIA TELECOMS INC.

Principal Place of Business
12950 WORLDGATE DRIVE, SUITE 800
HERNDON VA 20170

Mailing Address
12950 WORLDGATE DRIVE, SUITE 800
HERNDON VA 20170



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0161250**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☒ Delete
 NAME **GLAVE, FREDERICK**
 STREET ADDRESS **12950 WORLDGATE DRIVE, SUITE 800**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE **D** ☐ Change ☒ Addition
 NAME **El; Bartal**
 STREET ADDRESS **560 Herndon Parkway Suite 300**
 CITY-ST-ZIP **Herndon, VA 20170**

TITLE **T** ☐ Delete
 NAME **LINOVITZ, ROHINDA**
 STREET ADDRESS **12950 WORLDGATE DRIVE, SUITE 800**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE ☒ Change ☐ Addition
 NAME **560 Herndon Parkway Suite 300**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** ☐ Delete
 NAME **CHAVIV, PINNY**
 STREET ADDRESS **12950 WORLDGATE DRIVE, SUITE 800**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE ☒ Change ☐ Addition
 NAME **560 Herndon Parkway Suite 300**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **INBAR, DORON**
 STREET ADDRESS **12950 WORLDGATE DRIVE, SUITE 800**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE ☒ Change ☐ Addition
 NAME **560 Herndon Parkway Suite 300**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LIFSCHITZ, NITZA**
 STREET ADDRESS **12950 WORLDGATE DRIVE, SUITE 800**
 CITY-ST-ZIP **HERNDON VA 20170**

TITLE ☒ Change ☐ Addition
 NAME **560 Herndon Parkway Suite 300**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02 703 456 3400

Date

Daytime Phone #

CR2E034 (4/02)