

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90021 024 ***550.00

0119485 AT

DOCUMENT # F02000002889

1. Entity Name
CYPRESS COMMUNICATIONS OPERATING COMPANY, INC.



Principal Place of Business
15 PIEDMONT CENTER, 3575 PIEDMONT ROAD, ST
E 100
ATLANTA GA 30305

Mailing Address
15 PIEDMONT CENTER, 3575 PIEDMONT ROAD, ST
E 100
ATLANTA GA 30305

00101813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2536853

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOS** ☐ Delete
NAME **MCNAMEE, CHARLES B**
STREET ADDRESS **15 PIEDMONT CENTER, 3575 PIEDMONT ROAD, ST**
CITY-ST-ZIP **ATLANTA GA 30305**

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

TITLE **PTAS** ☐ Delete
NAME **MCGRAW, GREGORY P**
STREET ADDRESS **15 PIEDMONT CENTER, 3575 PIEDMONT ROAD, ST**
CITY-ST-ZIP **ATLANTA GA 30305**

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

TITLE **D** ☒ Delete
NAME **MANSANO, ROSS J**
STREET ADDRESS **15 PIEDMONT CENTER, 3575 PIEDMONT ROAD, ST**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE **V.P. AND TREASURER** ☒ Change ☒ Addition
NAME **EDGARDO VARGAS**
STREET ADDRESS **15 PIEDMONT CENTER, 3575 PIEDMONT**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. SAM COLLURA**
STREET ADDRESS **15 PIEDMONT CENTER 3575 PIEDMONT**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MICHAEL GEE**
STREET ADDRESS **15 PIEDMONT CENTER 3575 PIEDMONT**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V.P. JAMES MCKENNA**
STREET ADDRESS **15 PIEDMONT CENTER, 3575 PIEDMONT**
CITY-ST-ZIP **ATLANTA, GA 30305**

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.

SIGNATURE:

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

EDGARDO VARGAS 7/10/03

404-442-0104
Daytime Phone #

CR2E034 (4/03)