

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005841

Entity Name: DSL.NET, INC.

FILED
Jul 10, 2008
Secretary of State

Current Principal Place of Business:

50 BARNES PARK NORTH, STE 104
WALLINGFORD, CT 06492

New Principal Place of Business:

50 BARNES PARK NORTH
SUITE 104
WALLINGFORD, CT 06492

Current Mailing Address:

50 BARNES PARK NORTH, STE 104
WALLINGFORD, CT 06492

New Mailing Address:

50 BARNES PARK NORTH
SUITE 104
WALLINGFORD, CT 06492

FEI Number: 20-5426898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: CPT () Delete
Name: YOUNG, D.CRAIG
Address: 555 ANTON BLVD, SUITE 200
City-St-Zip: COSTA MESA, CA 92626

Title: DS () Delete
Name: CHISHOLM, STEVE
Address: 555 ANTON BLVD., STE 200
City-St-Zip: COSTA MESA, CA 92626

Title: S () Delete
Name: BROWNE, STEVE
Address: 555 ANTON BLVD., STE 200
City-St-Zip: COSTA MESA, CA 92626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PAUL, MILLEY
Address: 5667 GIBALTAR DRIVE, SUITE 200
City-St-Zip: PLEASANTON, CA 92626

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: STEVE CHISHOLM

SECY

07/10/2008

Electronic Signature of Signing Officer or Director

Date