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Jun 04, 1999 8:00 am
Secretary of State

06-04-1999 90010 039 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000002383**

1. Corporation Name
PSINET, INC.



Principal Place of Business 510 HUNTMAR PK DR HERNDON VA 20170 US	Mailing Address 510 HUNTMAR PK DR HERNDON VA 20170 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 05/18/1993	
4. FEI Number 16-1353600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	POCO <input type="checkbox"/> DELETE
NAME	SCHRADER, WILLIAM L
STREET ADDRESS	510 HUNTMAR PARK DR.
CITY-ST-ZIP	HERNDO VA 22070
TITLE	D <input type="checkbox"/> DELETE
NAME	BAUMER, WILLIAM
STREET ADDRESS	4545 CHRISTIAN DRIVE
CITY-ST-ZIP	CLARENCE NY 14031
TITLE	VP <input type="checkbox"/> DELETE
NAME	LEVINN, MITCHELL
STREET ADDRESS	510 HUNTMAR PARK DRIVE
CITY-ST-ZIP	HERNDON VA
TITLE	AS <input type="checkbox"/> DELETE
NAME	ZAJONCZKOSKI, TERESA
STREET ADDRESS	510 HUNTMAR PARK DRIVE
CITY-ST-ZIP	HERNDON VA 20170
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	KUNKEL, DAVID NB
STREET ADDRESS	510 HUNTMAR PARK DR
CITY-ST-ZIP	HERNDON VA
TITLE	WOOD <input type="checkbox"/> DELETE
NAME	WILLS, HAROLD S
STREET ADDRESS	510 HUNTMAR PARK DR
CITY-ST-ZIP	HERNDON VA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Teresa Zajonczkoski* Teresa Zajonczkoski 6-2-99 703-375-1705
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)