2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F9400000776 1. Entity Name GLOBAL CROSSING NORTH AMERICAN NETWORKS, INC. 04-16-2001 90050 018 ***150.00 Mailing Address Principal Place of Business 180 SOUTH CLINTON AVE 180 SOUTH CLINTON AVE CORP TAX 4TH FLOOR CORP TAX 4TH FLOOR ROCHESTER NY 14646 ROCHESTER NY 14646 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 16-1194420 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- - 6: Name and Address of Current Registered Agent ----Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition C/D ☐ Delete TITLE TITLE CLAYTON, JOSEPH P NAME NAME 180 SOUTH CLINTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY 14646** CITY-ST-7IP ☐ Addition Change ☐ Delete COLLINS-REEVES, DONNA NAME NAME 180 SOUTH CLINTON AVE STREET ADDRESS STREET ADDRESS **ROCHESTER NY 14646** CITY-ST-ZIF CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE TRUBEK, JOSEPHINE S NAME NAME 180 SOUTH CLINTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY 14646** CITY-ST-ZIP Change ☐ Addition TD TITLE ☐ Delete TITLE DOLE, JAMES G NAME 180 S CLINTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY 14646** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete BARRETT, ROBERT L NAME NAME 180 S CLINTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCHESTER NY 14646** CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE NAME ERDI. NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

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