

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000910

1. Entity Name

RAPID LINK U.S.A., INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90263 015 ***158.75

Principal Place of Business

Mailing Address

1000 CIRCLE 75 PARKWAY
SUITE 700
ATLANTA GA 30339

1000 CIRCLE 75 PARKWAY
SUITE 700
ATLANTA GA 30339-6052

2. Principal Place of Business

3. Mailing Address

6455 East Johns Crossing

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 285

City & State

City & State

Duluth, GA 30097

4. FEI Number

57-0986779

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E PARK AVE.
TALLAHASSEE FL 32301

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.

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | ASD HILLS JR, JAMES M 107 CANNON ST. GEORGETOWN SC | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MOORE IV, HENRY S 503 EGRET CIRCLE GEORGETOWN SC 29442 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATD WISE, PATRICIA L 82 RUTLEDGE AVE. CHARLESTON SC | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD WISE, TIMOTHY D 2008 CHELTON WAY SMYRNA GA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD WISE, THOMAS D 1000 CIRCLE 75 PARKWAY STE 700 ATLANTA GA | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WISE, DAVID O. 745 HUNTINGTON PL MARIETTA GA 30067 | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 678.385.5445
Date Daytime Phone #

CR2E034 (9/99)