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Secretary of State

01-27-2003 90359 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F94000002132

1. Entity Name

INTERSTATE TELECOMMUNICATIONS OF GEORGIA, INC.



Principal Place of Business Mailing Address 1385 WEBER INDUSTRIAL DR 1385 WEBER INDUSTRIAL DR **CUMMING GA 30041** CUMMING GA 30041 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 58-1956022 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGN-TURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PDT ☐ Addition TITLE TITLE Delete ZIMMERER, FRANK T NAME NAME 1385 WEBER INDUSTRIAL DR STREET ADDRESS 3015 TROTTERS PARKWAY STREET ADDRESS ALPHARETTA GA 30004 CITY-ST-7IP CITY-ST-ZIP CUMMING, GA 30041 ☐ Delete Change TITLE ۷D ☐ Addition TITLE CLAY, SANDRA NAME NAME 1385 WEBER INDUSTRIAL DA STREET ADDRESS **3015 TROTTERS PARKWAY** STREET ADDRESS ALPHARETTA GA 30004 CITY-ST-ZIP CUMMING, GA 30041 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ZIMMERER, DEBORAH NAME NAME 1385 WEBER INDUSTRIAL DR STREET ADDRESS 3015 TROTTERS PARKWAY STREET ADDRESS CUMMING, GA 30041 CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

STEMATURE REQUIRED

PRESIDENT

770 721 472 7

Daytime Phone (

avtime Phone #

2E034 (10/02)