

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005768

1. Entity Name  
FIBERLINK COMMUNICATIONS CORPORATION

Principal Place of Business

794 PENLLYN PIKE  
STE 100  
BLUE BELL PA 19422  
US

Mailing Address

794 PENLLYN PIKE  
STE 100  
BLUE BELL PA 19422  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 23-2753924

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE CD  
NAME RUSSELL, PAUL  
STREET ADDRESS 794 PENLLYN PIKE, STE 100  
CITY-ST-ZIP BLUE BELL PA 19422 ☐ Delete

TITLE D  
NAME LUEHRS, BRUCE H  
STREET ADDRESS 1009 LENOX DRIVE  
CITY-ST-ZIP LAWRENCEVILLE NJ 08648 ☐ Delete

TITLE CEO  
NAME SHEWARD, JAMES  
STREET ADDRESS 794 PENLLYN PIKE, STE 100  
CITY-ST-ZIP BLUE BELL PA 19422 ☐ Delete

TITLE D  
NAME MC CROSSEN, ED  
STREET ADDRESS 13635 DUNES TECHNOLOGY DR  
CITY-ST-ZIP HERNDON VA 20171 ☐ Delete

TITLE D  
NAME RAWDING, GARY A  
STREET ADDRESS 1019 MESSNER RD  
CITY-ST-ZIP CHESTER SPRINGS PA 19425 ☐ Delete

TITLE D  
NAME MARTINSON, ROSS  
STREET ADDRESS 1009 LENOX DRIVE  
CITY-ST-ZIP LAWRENCEVILLE NJ 08648 ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SECRETARY  
NAME Tom Power  
STREET ADDRESS 794 Penlllyn Pike  
CITY-ST-ZIP Blue Bell, PA 19422 ☐ Change ☒ Addition

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:

*Tom Power*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/01 215-793-6532

FILED  
Aug 31, 2001 8:00 am  
Secretary of State

08-31-2001 90110 023 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)