

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90125 026 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2753924**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE **T** ☐ Delete
NAME **ZARRILLI, STEVE**
STREET ADDRESS **794 PENLLYN PIKE**
CITY-ST-ZIP **BLUE BELL PA 19422**

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

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

TITLE ☐ Change ☒ Addition
NAME **Ed McCrossen**
STREET ADDRESS **794 Penlllyn Pike**
CITY-ST-ZIP **Blue Bell, PA 19422**

TITLE **S** ☒ Delete
NAME **POWER, TOM**
STREET ADDRESS **794 PENLLYN PIKE**
CITY-ST-ZIP **BLUE BELL PA 19422**

TITLE ☐ Change ☒ Addition
NAME **Gerald J. (Gerry) Cardinale**
STREET ADDRESS **Goldman Sachs & Co**
CITY-ST-ZIP **85 Broad ST. New York, NY 10004**

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: **X SIGNATURE OF REGISTERED AGENT/SECRETARY SHIPENCHUK 1-23-03 (215) 793-6502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)