2000 UNIFORM BUSINESS REPORT (UBR)

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DOCU	JMENT # Carros	X x 10 4/ 1/20	•				
DOCUMENT # F9400006168					*		
ICG NetAhead, Inc.					FILED		
D. C. C. A. Die		AA-IV Add			00 APR 27	AH 11: L	L
Principal Place		Mailing Address			_,	· () · ·	•
161 Inverness Drive West 161 Inverness Drive Briglewood, CO 80112 Englewood, CO					SECRETARY	OF STATE	T .
Atn: Legal Depart					SECRETARY TALLAHASSEI	E, FLORID	ŌΑ
					91-		
2. Principal Place of Business 3. Mailing Address					X		
		5 % A			DO NOT WRITE IN THIS SPACE		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPAC	CE .
City & State		City & State		4. FEI Number		Applied For	
					77-0317705		Not Applicable
Zip	Country	Zip	Countr	у	5. Certificate of Status Desired	1 1 1	8.75 Additional
	6. Name and Address of Current Regi	stered Agent	1		7. Name and Address of New Regis		re i required
CT Corpo	oration System	•	1	Name Corpoi			
c/o CT Corporation System				Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)			
	uth Pine Island Road ion FL 33324			·	lays Street		
T Tantat.	1011 111 33324			T: 111cl	nocese, EL		
				City To 11 ol	nassee,	FI	Zip Cod
			,				32301
8. The above n	named entity submits this statement for the pu	rpose of changing its registered	d office or re	gistered agent, or I	both, in the State of Florida.		
	(and () Ool-	Carol K. Dol	or. As	sst. VP 4	4/26/2000		,
SIGNATURE	Signature, typed or printed name of registered agen			ered Agent signature requ		DATE	
			************************	S \$150:00			
	ation is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 20	Controlled Committee		10. Election Campaign Finance	ing	\$5.00 May Be
(See criteri		Make Check Paya	ble to De	partment of Si	tate Trust Fund Contribution.		Added to Fees
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 1
TITLE	President and Director	r Delete	TITLE				Change Additio
NAME	William S. Beans, Jr.		, NAME				
STREET ADDRESS CITY - ST- ZIP	161 Inverness Dr. W		STREET CITY - S	ADDRESS ST-ZIP			
	Englewood, CO 80112 Exec. VP and Director	Delete	TITLE			Г	Change Additio
TITLE NAME	Harry R. Herbst	[]Delete	NAME		•	Ŀ	
	161 Inverness Drive We	est	STREET	ADORESS			
CITY- ST- ZIP	Englewood, CO 80112		CITY- S	T-ZIP			
TITLE	EVP, Gen. Counsel, Sec	c & Dir ⊡Delete	TITLE				Change Additio
NAME	H. Don Teaque		NAME				
STREET ADDRESS CITY - ST-ZIP	161 Inverness Drive We	est	STREET CITY - S	ADDRESS ST- ZIP			
	Englewood, CO 80112 Senior Vice President	Пројем	TITLE			r	Change Additio
TITLE NAME	James R. Washington	Delete	NAME	-		L	_Change
STREET ADDRESS	161 Inverness Drive We	est	_ I	ADDRESS			
CITY- ST- ZIP	Englewood, CO 80112	٠	CITY - 5	ST- ZIP			
TITLE	Treasurer	Delete	TITLE				Change Additio
NAME	Regina A. Vegliante		NAME				
STREET ADDRESS CITY- ST- ZIP	161 Inverness Drive We	est	CITY-S	ADDRESS ST- ZIP			
	Englewood, CO 80112	<u> </u>	TITLE			г	Change Additio
TITLE NAMÉ	Vice President John V. Colgan	Delete	NAME			L	
STREET ADDRESS	161 Inverness Drive We	est	_ I	ADDRESS	00000	1222	7440
CITY - ST- ZIP	Englewood, CO 80112		CITY - S	ST- ZIP			
13. I hereby cer	rtify that the information supplied with this filin ental report is true and accurate and that my	g does not qualify for the exem	ption stated	in Section 119.07(3)	(i), Florida Statutes. I further certify that	the information	indicated on this report e receiver or trustee
empowered	d to execute this report as required by Chapte	er 607, Florida Statutes; and that	at my name	appears in Block 11	or Block 12 if changed, or on an attachn	nent with an add	ress, with all other like
,.	アト			•	,		
SIGNAT	TURE:				4/24/2000	303-4	114-5000
		OR PRINTED NAME OF SIGN	NING OFFIC	ER OR DIRECTOR	' Dat	Dav	time Phone



ACCOUNT NO. : 07210000032

REFERENCE: 66

664658 7189839

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : April 17, 2000

ORDER TIME : 2:20 PM

ORDER NO. : 664658-490

CUSTOMER NO: 7189839

CUSTOMER: Ms. Katy Ryan

Icg Communications, Inc. 161 Inverness Drive West

Englewood, CO 80112

CHANGE OF AGENT

NAME: ICG NETAHEAD, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom