

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90775 034 \*\*\*150.00

**DOCUMENT # F94000006318**

1. Entity Name

**BROADWING COMMUNICATIONS SERVICES INC.**



Principal Place of Business

1122 CAPITAL OF TEXAS HWY S  
 AUSTIN TX 78746-6426  
 US

Mailing Address

1122 CAPITAL OF TEXAS HWY S  
 AUSTIN TX 78746-6426  
 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

74-2724593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

**CORPORATION SERVICE COMPANY**

Street Address (P.O. Box Number is Not Acceptable)

**1201 HAYS STREET**

City

**TALLAHASSEE**

**FL**

Zip Code

**32301**

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

*See attached Confirmation from Florida Secretary of State*

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, 2002 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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **ELLENBERGER, RICHARD G**  
 CITY-ST-ZIP **201 E FOURTH STREET**  
**CINCINNATI OH 45202**

TITLE ☒ Delete  
 NAME **P**  
 STREET ADDRESS **PONTIN, RICHARD S**  
 CITY-ST-ZIP **1122 CAPITAL OF TEXAS HIGHWAY S**  
**AUSTIN TX 78740**

TITLE ☐ Delete  
 NAME **SVPS**  
 STREET ADDRESS **SMITH, JEFFREY C**  
 CITY-ST-ZIP **1122 CAPITAL OF TEXAS HWY S**  
**AUSTIN TX 78746**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **PETERSON, MARK W**  
 CITY-ST-ZIP **201 E FOURTH STREET**  
**CINCINNATI OH 45202**

TITLE ☒ Delete  
 NAME **VPO**  
 STREET ADDRESS **STEED, F. CLINTON**  
 CITY-ST-ZIP **1122 CAPITAL OF TEXAS HWY S**  
**AUSTIN TX 78746**

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **WILLIAMS, GORDON**  
 CITY-ST-ZIP **1122 CAPITAL OF TEXAS HIGHWAY S.**  
**AUSTIN TX 78746**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
 NAME **P+CEO**  
 STREET ADDRESS **Richard G. Ellenberger**  
 CITY-ST-ZIP **201 E Fourth Street**  
**Cincinnati OH 45202**

TITLE ☐ Change ☒ Addition  
 NAME **Assistant Secretary**  
 STREET ADDRESS **Amy Collins**  
 CITY-ST-ZIP **201 E 4th Street**  
**Cincinnati OH 45202**

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

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

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

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

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:

*Amy Collins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

513-3970373

Daytime Phone #

CR2E034 (9/01)

*L. A. Hachment*  
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

*/# F94000006318*  
*641758*

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : \_\_\_\_\_

BROADWING COMMUNICATIONS SERVICES INC.

2. The mailing address of the corporation : 1122 CAPITAL TEXAS HIGHWAY S.

AUSTIN, TX 78746

3. Date of incorporation/qualification: December 12, 1994 Document number: F94000006318

4. The name and address of the current registered agent and office:

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

FILED  
2002 JAN 14 PM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

*Amy Collins*

(Signature of an officer, chairman or vice chairman of the board)

*12/28/01*

(Date)

AMY COLLINS, Assistant Secretary

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Corporation Service Company

*Laura R. Dunlap*

(Signature of Registered Agent)

*1/8/02*

(Date)

If signing on behalf of an entity:

LAURA R. DUNLAP

(Typed or Printed Name)

Assistant Vice President

(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*