

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90141 011 ***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**



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
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	D	<input checked="" type="checkbox"/> Delete
NAME	ELLENBERGER, RICHARD G	
STREET ADDRESS	201 E FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	PCEO	<input checked="" type="checkbox"/> Delete
NAME	ELLENBERGER, RICHARD G	
STREET ADDRESS	201 E FOURTH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY C	
STREET ADDRESS	1122 CAPITAL OF TEXAS HWY S	
CITY-ST-ZIP	AUSTIN TX 78746	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETERSON, MARK W	
STREET ADDRESS	201 E FOURTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, AMY	
STREET ADDRESS	201 E 4TH ST	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, GORDON	
STREET ADDRESS	1122 CAPITAL OF TEXAS HIGHWAY S.	
CITY-ST-ZIP	AUSTIN TX 78746	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas L. Schilling	
STREET ADDRESS	201 E 4th Street	
CITY-ST-ZIP	Cincinnati OH 45202	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Mooney	
STREET ADDRESS	201 E 4th Street	
CITY-ST-ZIP	Cincinnati OH 45202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

2-21-03 5133970373

CR2E034 (10/02)