2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
04-16-2001 90050 017 ***150.00

DOCUMENT # F95000000988

1. Entity Name
GLOBAL CROSSING TELEMANAGEMENT, INC.

Principal Place of Business	Mailing Address
3061 S. RIDGE ROAD P.O. BOX 2475 GREEN BAY WI 54306-2475	180 SOUTH CLINTON AVENUE ROCHESTER NY 14646

DO NOT WRITE IN THIS SPACE

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 39-1423549 ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BARRETT, ROBERT L 180 S CLINTON AVE ROCHESTER NY 14646	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CLAYTON, JOSEPH P 180 S CLINTON AVE ROCHESTER NY 14646	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC DOLE, JAMES G 180 S CLINTON AVE ROCHESTER NY 14646	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TRUBEK, JOSEPHINE S. 180 South Clinton Ave Rochester, New York 14646	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REEVES-COLLINS, DONNA L 180 S CLINTON AVE ROCHESTER NY 14646	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARRETT, ROBERT L 1805 CLINTON AVE ROCHESTER NJ 14646	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS LAVERDI, BARBARA J. 180 South Clinton Ave Rochester New York 14646	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOLE, JAMES G 180 S CLINTON AVE ROCHERSTER NJ 14646	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rochester New York 14646	☒ Change ☐ Addition

CR2E034 (10/00)

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: Barbara J. LaVerdi Barbara J. LaVerdi 4/10/01 716-777-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #