

2001 UNIFORM BUSINESS REPORT (UBR)

0576861

DOCUMENT # F95000004204

1. Entity Name

NEW CENTURY TELECOM, INC.

FILED

01 JAN 22 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8180 GREENSBORO DR., STE. 700
MCLEAN VA 22102

Mailing Address

8180 GREENSBORO DR., STE. 700
MCLEAN VA 22102

2. Principal Place of Business

8260 Greensboro Dr.

3. Mailing Address

Same As # 2

Suite, Apt. #, etc.

Suite 240

Suite, Apt. #, etc.

City & State

McLean, VA

City & State

Zip

22102

Country

USA

Zip

Country

4. FEI Number

54-1765590

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 STREET
TALLAHASSEE FL 32301-2525

Name

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

200003618052--7

City

01/31/01 01072 016
****150.05L ****150.00

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

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, 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	P HELEIN, CHARLES H 8180 GREENSBORO DR., STE. 700 MCLEAN VA 22102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNEBERGER, ROBERT F 8180 GREENSBORO DR., STE. 700 MCLEAN VA 22102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HELEIN, KATHLEEN K 8180 GREENSBORO DR., STE. 700 MCLEAN VA 22102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEIN, CHARLES H 8180 GREENSBORO DR., STE. 700 MCLEAN VA 22102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEBERGER, ROBERT F 8180 GREENSBORO DR., STE. 700 MCLEAN VA 22102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELEIN, KATHLEEN K 8180 GREENSBORO DR., STE. 700 MCLEAN VA 22102	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Charles H. Helein 8260 Greensboro Dr., #240 McLean, VA 22102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert F. Schnberger 8260 Greensboro Dr., #240 McLean, VA 22102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8260 Greensboro Dr., #240 McLean, VA 22102	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same As Above	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same As Above	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same As Above	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01 703-714-1322

CR2E034 (10/00)