2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9600002897 1. Entity Name FII Fh American Communication Services of 00 APR 28 AM 8: 21 Jacksonville, Inc. Principal Place of Business Mailing Address SECRETARY OF STATE 131 National Business Parkway, Suite 100 TĂLLAHASSEE, FLORIDA Annapolis Junction, MD 20701 2. Principal Place of Business 3. Mailing Address 131 National Business Pkwy <u>131 National Business Pkwy</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 Suite 100 Applied For 4. FEI Number City & State City & State Annapolis Jct, 52-2024270 Not Applicable Annapolis <u>Jct, MD</u> Country \$8.75 Additional 20701 5. Certificate of Status Desired USA 20701 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) Paul M. Harden 1301 Riverplace Blvd., Ste 2601 Jacksonville, FL 32207 City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Senior Vice President/Secmetary ☐ Change TITLE Juliette W. Pryor MAME NAME STREET ADDRESS 12975 Worldgate Drive STRÉET ADDRESS CITY ST-719 CITY-ST-ZIP <u>Herndon, VA 20170</u> Interim Treasurer ☐ Delete TITLE Change Addition TITLE Sean S. Scarlis NAME NAME OSTREET ADDRESS STREET ADDRESS 7125 Columbia Gateway Dr, Ste 20 CITY-ST-ZIP CITY-ST-ZIP <u>Columbia, MD 21046</u> ~700003238467^{______} ☐ Delete TITLE TITLE Director NAME NAME Christopher L. Rafferty -05/03/00--01138--009 STREET ADDRESS STREET ADDRESS 12975 Worldgate Drive ****150.00 ****150.00 CITY-ST-ZIP CITY-ST-ZIP <u>Herndon, VA 20170</u> ☐ Change Addition Delete TITLE TITLE Director NAME Peter C. Bentz STREET ADDRESS STREET ADDRESS 12975 Worldgate Drive CITY-ST-ZIP CITY-ST-ZIP Herndon, VA 20170 Director ☐ Addition ☐ Delete TITLE ☐ Change TITLE George F. Schmitt NAME STREET ADDRESS STREET ADDRESS 12975 Worldgate Drive CITY-ST-ZIP CITY-ST-7IP Herndon. VA 20170 Change Addition Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 ampowered. Senior Vice President/

Secretary

SIGNATURE:

SIGNATURE AND TYPED OR

PRINTED NAME OF SIGNING

CR2E034 (9/99)

4/24/00 703.639.6358