

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # F96000003006 (1)

1. Corporation Name

ELECTRIC LIGHTWAVE, INC.

Principal Place of Business

8100 N.E. PKWY DR., STE 200  
VANCOUVER WA 98682-6481

Mailing Address

8100 N.E. PKWY DR., STE 200  
VANCOUVER WA 98682

3. Date Incorporated or Qualified

06/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

93-1035711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SHARKEY, DAVID  
STREET ADDRESS 333 NORTH STATE ROAD, #47  
CITY-ST-ZIP BRIARCLIFF MANOR NY

TITLE V  
NAME BERTHOT, JAMES  
STREET ADDRESS 333 NORTH STATE ROAD, #47  
CITY-ST-ZIP BRIARCLIFF MANOR NY

TITLE VT  
NAME DESANTIS, ROBERT J  
STREET ADDRESS 333 NORTH STATE ROAD, #47  
CITY-ST-ZIP BRIARCLIFF MANOR NY

TITLE VS  
NAME WEISS, CHARLES J  
STREET ADDRESS 333 NORTH STATE ROAD, #47  
CITY-ST-ZIP BRIARCLIFF MANOR NY

TITLE V  
NAME DEUTSCH, ELLEN  
STREET ADDRESS 333 NORTH STATE ROAD, #47  
CITY-ST-ZIP BRIARCLIFF MANOR NY

TITLE V  
NAME LIS, RANDALL  
STREET ADDRESS 333 NORTH STATE ROAD, #47  
CITY-ST-ZIP BRIARCLIFF MANOR NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

Date

360  
816-3311

Daytime Phone #

0528325

CR2E034 (9/96)