

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
04-22-2002 90345 001 \*1,200.00

1. Entity Name  
**E.SPIRE COMMUNICATIONS, INC.**

12975 WORLDGATE DRIVE  
HERNDON VA 20170

131 NATIONAL BUSINESS PARKWAY  
STE. 100  
ANNAPOLIS JUNCTION MD 20701

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_

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, 2002 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

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | GCSV                  | <input type="checkbox"/> Delete |
| NAME           | PRYOR, JULIETTE W S   |                                 |
| STREET ADDRESS | 12975 WORLDGATE DRIVE |                                 |
| CITY-ST-ZIP    | HERNDON VA 20170      |                                 |

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | CD                     | <input type="checkbox"/> Delete |
| NAME            | SCHMITT, GEORGE F ACEO |                                 |
| STREET ADDRESS  | 12975 WORLDGATE DRIVE  |                                 |
| CITY - ST - ZIP | HERNDON VA 20170       |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | AS                    | <input type="checkbox"/> Delete |
| NAME           | KATZ, EDYTHE C        |                                 |
| STREET ADDRESS | 12975 WORLDGATE DRIVE |                                 |
| CITY-ST-ZIP    | HERNDON VA 20170      |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | COO                   | <input type="checkbox"/> Delete |
| NAME           | RESAVY, CHRISTOPHER J |                                 |
| STREET ADDRESS | 12975 WORLDGATE DRIVE |                                 |
| CITY-ST-ZIP    | HERNDON VA 20170      |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | DVC                   | <input type="checkbox"/> Delete |
| NAME           | HUFF, WILLIAM R       |                                 |
| STREET ADDRESS | 12975 WORLDGATE DRIVE |                                 |
| CITY-ST-ZIP    | HERNDON VA 20170      |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BANKS, EDWIN M        |                                 |
| STREET ADDRESS | 12975 WORLDGATE DRIVE |                                 |
| CITY-ST-ZIP    | HERNDON VA 20170      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                         |  |                                   |
|----------------|-------------------------|--|-----------------------------------|
| TITLE          | SSV                     | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | Juliette Williams Pryor |  |                                   |
| 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 |                                 |                                   |

| 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    |                                 |                                   |

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:** Juliette Pryor, Sr. Vice President/Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  Daytime Phone # 

CR2E034 (9/01)