

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003636 (5)

1. Corporation Name

GCI GLOBALCOM INC.

Principal Place of Business

2835 N. SHEFFIELD, SUITE 217
CHICAGO IL 60657

Mailing Address

2835 N. SHEFFIELD, SUITE 217
CHICAGO IL 60657

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1996

2. Principal Place of Business

21 833 West Chicago Ave

Suite, Apt. #, etc.

22 4th Floor

City & State

23 Chicago IL 60622

Zip

24 60622

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

36-3925117

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

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 607.0507 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 ☐ DELETE

NAME PSTD
STREET ADDRESS SHAVE, JOHN T
CITY-ST-ZIP 2835 N. SHEFFIELD, SUITE 217
CHICAGO IL 60657

TITLE ☐ DELETE

NAME V
STREET ADDRESS FORTE, CHRIS
CITY-ST-ZIP 2835 N. SHEFFIELD, SUITE 217
CHICAGO IL 60657

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE John Shave Prstd ☒ Change ☐ Addition

1.2 NAME 833 West Chicago IL 60622

1.3 STREET ADDRESS 4th floor

1.4 CITY-ST-ZIP

2.1 TITLE Chris Forte VP ☒ Change ☐ Addition

2.2 NAME 833 West Chicago IL 60622

2.3 STREET ADDRESS 4th floor

2.4 CITY-ST-ZIP

3.1 TITLE Eric Wince VP ☒ Change ☐ Addition

3.2 NAME 833 West Chicago IL 60622

3.3 STREET ADDRESS 4th floor

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

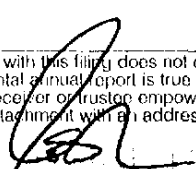
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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



1/1/98 312895 8878

CR2E034 (10/97)