

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC 30 PM 12:31

DOCUMENT # F96000003636

1. Corporation Name  
 GCI GLOBALCOM INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



## Principal Place of Business

889 W CHICAGO AVE 333 W. WACKER  
 4TH FL Suite 1500  
 CHICAGO IL 60602 60602  
 US

## Mailing Address

2835 N. SHEFFIELD, SUITE 217  
 CHICAGO IL 60637  
 333 W. WACKER  
 Suite 1500  
 Chicago, IL 60602

REINSTATEMENT 1999  
 DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

333 West Wacker  
 Suite, Apt. #, etc.  
 1500

## 2a. Mailing Address

26 333 West Wacker  
 Suite, Apt. #, etc.

## City &amp; State

Chicago, IL

## City &amp; State

27 1500  
 28 Chicago, IL

## Zip

60602

## Country

25 US

## Zip

29 60602

## Country

30 US

## 3. Date Incorporated or Qualified

07/18/1996

## 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 the current year

Intangible Personal Property.

☐

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 607.0502 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 Eileen Ash, ASST. SECY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/28/99

## 12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PSTD	SHAVE, JOHN T	833 W CHICAGO 4TH FL	CHICAGO IL 60622	<input type="checkbox"/>
VP	FORTE, CHRIS	833 WEST CHICAGO 4TH FL	CHICAGO IL 60622	<input type="checkbox"/>
VP	WINCE, ERIC	833 WEST CHICAGO 4TH FL	CHICAGO IL 60622	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		333 West Wacker, Ste 1500	CHICAGO, IL 60602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		333 West Wacker, Ste. 1500	CHICAGO, IL 60602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		333 West Wacker, Ste 1500	CHICAGO, IL 60602	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	William Cannon	333 West Wacker, Ste 1500	CHICAGO, IL 60602	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/1/99 312-858874

CR2E034 (5/99)