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

$158.75

FILED
97 NOV -4 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005421

1. Corporation Name

DIGEX INC.

Principal Place of Business	Mailing Address
ONE DIGEX PLAZA BELTSVILLE, MD	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: OCTOBER 18, 1996

3a. Date of Last Report:

4. FEI Number: 52-1986462 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X — $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

CT CORPORATION SYSTEMS INC.
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

10. Name and Address of New Registered Agent

81 Name: United Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 801 Northeast 167th Street, Ste. 300
83
84 City: N. Miami Beach FL 85 Zip Code: 33162

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: Michael A. Barr — Michael A. Barr, Pres. — 11/4/97
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when reinstating) — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTOPHER MCCLEARY		1.2 NAME	
STREET ADDRESS	771 STACY OAK WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	MILLERSVILLE MD 21108		1.4 CITY-ST-ZIP	
TITLE	SRVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CLYDE HEINTZELMAN		2.2 NAME	
STREET ADDRESS	12103 GREENLEDGE COURT #202		2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EARL GALLEHER		3.2 NAME	
STREET ADDRESS	5910 CRANSTON ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD. 20816		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	
NAME	NICK MAGLIATO		4.2 NAME	
STREET ADDRESS	6106 TEMPLE STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20817		4.4 CITY-ST-ZIP	
TITLE	TREASURER	☐ DELETE	5.1 TITLE	
NAME	JOHN WELLING		5.2 NAME	
STREET ADDRESS	25 TATTERSALL COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP	REISTERTOWN MD 21136		5.4 CITY-ST-ZIP	
TITLE	SRVP/DIRECTOR	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS E. HUMPHREY		6.2 NAME	
STREET ADDRESS	308 MONTGOMERY STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUREL MD 20707		6.4 CITY-ST-ZIP	

REINSTATEMENT 11/4/97

000002340870---1
-11/06/97--01114--008
****208.75 ****208.75

000002340870---1
-11/06/97--01114--009
****550.00 ****550.00

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: John Welling — JOHN WELLING CFO — 10/28/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)