

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

FILED
Mar 11 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 # F96000005421 (0)

1. Corporation Name

DIGEX, INCORPORATED

Principal Place of Business

Mailing Address

ONE DIGEX PLAZA
BELTSVILLE MD

ONE DIGEX PLAZA
BELTSVILLE MD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

52-1672337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 187TH STREET
STE 300
N. MIAMI BEACH FL 33162

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MCCLEARY, CHRISTOPHER
STREET ADDRESS 771 STACY OAK WAY
CITY-ST-ZIP MILLERSVILLE MD 21108 ☒ DELETE

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

TITLE SVP
NAME HEINTLEMAN, CLYDE
STREET ADDRESS 12103 GREENLEDGE COURT., #202
CITY-ST-ZIP FAIRFAX VA 22033 ☒ DELETE

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

TITLE V
NAME GALLEHER, EARL
STREET ADDRESS 5910 CRANSTON ROAD
CITY-ST-ZIP BETHESDA MD 20816 ☐ DELETE

3.1 TITLE P
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME MAGLIATO, NICK
STREET ADDRESS 6106 TEMPLE STREET
CITY-ST-ZIP BETHESDA MD 20817 ☐ DELETE

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


TITLE T
NAME WELLING, JOHN
STREET ADDRESS 25 TATTERSAUL COURT
CITY-ST-ZIP REISTER TOWN MD 21138 ☐ DELETE

5.1 TITLE VP, CFO, SEC
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SVP
NAME HUMPHREY, DOUGLAS E
STREET ADDRESS 308 MONTGOMERY STREET
CITY-ST-ZIP LAUREL MD 20707 ☒ DELETE

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

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:  John C. Welling 2/19/98 301-847-6247

CR2E034 (10/97)