

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

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1. Corporation Name

DIGEX, INCORPORATED

Principal Place of Business

ONE DIGEX PLAZA  
BELTSVILLE MD

Mailing Address

ONE DIGEX PLAZA  
BELTSVILLE MD

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

52-1672337

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 Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26 Intermedia - Tax Dept.

27 3625 Queen Palm Dr.

28 Tampa, FL

29 33619

30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NE 167TH STREET  
STE 300  
N. MIAMI BEACH FL 33162

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

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 P ☒ DELETE

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

TITLE V ☒ DELETE

NAME MAGLIATO, NICK  
STREET ADDRESS 6108 TEMPLE STREET  
CITY-ST-ZIP BETHESDA MD 20817

TITLE VCFS ☒ DELETE

NAME WELLING, JOHN  
STREET ADDRESS 25 TATTERSAUL COURT  
CITY-ST-ZIP REISTER TOWN MD 21136

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 P ☒ Change ☒ Addition

1.2 NAME David C. Ruberg  
1.3 STREET ADDRESS 1201 Parilla Dr.  
1.4 CITY-ST-ZIP Avila, FL 33613

2.1 TITLE VP/AS/D ☒ Change ☒ Addition

2.2 NAME Robert M. Manning  
2.3 STREET ADDRESS 4903 Lyford Cay Road,  
2.4 CITY-ST-ZIP Tampa, FL 33629

3.1 TITLE VP/S/AT ☒ Change ☒ Addition

3.2 NAME Patricia A. Kurtin  
3.3 STREET ADDRESS 1804 W. Morrison Ave.  
3.4 CITY-ST-ZIP Tampa FL 33629

4.1 TITLE AT ☐ Change ☒ Addition

4.2 NAME Jeanne M. Walters  
4.3 STREET ADDRESS 116 Ashbrook Dr.  
4.4 CITY-ST-ZIP Brandon FL 33511

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (11/98)