

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001235 (7)

1. Corporation Name
PACIFIC GATEWAY EXCHANGE, INC.

Principal Place of Business
533 AIRPORT BLVD., STE. 505
BURLINGAME CA 94010

Mailing Address
533 AIRPORT BLVD., STE. 505
BURLINGAME CA 94010

FILED

98 APR 30 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/11/1997

4. FEI Number
94-3134065

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
526 E. PARK AVE., STE. 200
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 607.0506, 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

TITLE DCEO
NAME NECKOWITZ, HOWARD
STREET ADDRESS 533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP BURLINGAME CA 94010 ☐ DELETE

TITLE VSD
NAME GRANTON, GAIL
STREET ADDRESS 533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP BURLINGAME CA 94010 ☐ DELETE

TITLE CFO
NAME GREY, SANDRA
STREET ADDRESS 533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP BURLINGAME CA 94010 ☐ DELETE

TITLE D
NAME JENSEN, RONALD
STREET ADDRESS 533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP BURLINGAME CA 94010 ☒ DELETE

TITLE D
NAME DALFEN, CHARLES
STREET ADDRESS 533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP BURLINGAME CA 94010 ☐ DELETE

TITLE D
NAME JUNEWICZ, JAMES
STREET ADDRESS 533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP BURLINGAME CA 94010 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002515573--7
-05/07/98--01084--011
****150.00 ****150.00

D BARRY J. VOLANTE
533 AIRPORT BLVD. STE 505
BURLINGAME, CA 94010

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.

CR2E034 (10/97)