

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90060 019 ***150.00

DOCUMENT # F97000001235

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**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 500 Airport Blvd

2a. Mailing Address

26 500 Airport Blvd

Suite, Apt. #, etc.

22 Suite 340

Suite, Apt. #, etc.

27 Suite 340

City & State

23 Burlingame, CA

City & State

28 Burlingame, CA

Zip

24 94010

Country

Zip

29 94010

Country

30

9. Name and Address of Current Registered Agent

**HIQ 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 607.0505, 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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME
D
VOLANTE, BARRY J
STREET ADDRESS
533 AIRPORT BLVD., STE. 505
CITY-ST-ZIP
BURLINGAME CA 94010**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

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

500 Airport Blvd., Ste 340

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

500 Airport Blvd., Ste 340

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

500 Airport Blvd., Ste 340

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

500 Airport Blvd., Ste 340

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

500 Airport Blvd., Ste 340

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500 Airport Blvd., Ste 340

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 #

CR2E034 (1/98)

0555132