2602 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2002 8:00 am Secretary of State DOCUMENT # F98000000186 1. Entity Name FOCAL COMMUNICATIONS CORPORATION OF FLORIDA 03-07-2002 90020 007 ***150.00 Principal Place of Business Mailing Address 200 N. LASALLE ST., #820 200 N. LASALLE ST., #820 1100 1100 CHICAGO IL 60601 CHICAGO IL 60601 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 36-4202978 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent عيا فيقيره التشييل بالراال C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State PD 3000 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PHAIRMAN & CEO TITLE ☐ Addition TITLE ☐ Delete Change Ch NAME TAYLOR, ROBERT C JR MAME STREET ADDRESS 200 N LASALLE ST # 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 Delete TITLE ☐ Addition TITLE CFO NAME NAME BEATTY, JOSEPH A DO N LASALLE ST #1100 STREET ADDRESS 200 N LASALLE ST # 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HICAGO II CHICAGO IL 60601 X Delete Change TITLE Addition MJAY SINDER 200 N. LASALLE ST # 1100 NAME ----JUNKROSKI, ROBERT M ---STREET ADDRESS 200 N LASALLE ST # 1100 STREET ADDRESS (HICAGO IL 60601 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 PRESIDENTY COO TITLE Delete TITLE Change ☐ Addition BARNICLE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 Kí Change TITLE ☐ Delete TITLE ☐ Addition MARTIN, RENEE M. NAME MARTIN, RENCE NAME STREET ADDRESS STREET ADDRESS 200 N LASALLE ST # 1100 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 LEWIS SHENDER 200 N. LASAUE ST #1100 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHICAGO II. 60601 CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment wi with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01

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