

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90026 017 ***150.00

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1. Entity Name
FOCAL COMMUNICATIONS CORPORATION OF FLORIDA



Principal Place of Business
**200 N. LASALLE ST., #820
1100
CHICAGO, IL 60601**

Mailing Address
**200 N. LASALLE ST., #820
1100
CHICAGO, IL 60601**

11000000



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4202978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CCEO
PERONE, KATHLEEN
200 N LASALLE ST # 1100
CHICAGO, IL 60601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
SINDER, M JAY
200 N LASALLE ST #1100
CHICAGO, IL 60601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SINDER, M JAY
200 N LASALLE ST #1100
CHICAGO, IL 60601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BERNS, MATT
200 N LASALLE ST # 1100
CHICAGO, IL 60601**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

Matthew H. Berns
11/13/04

(312) 895-8457