FILED

May 06, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000000813

1. Corporation Name

TAD TELECOM, INC.

Principal Place of Business Mailing Address						it bûlti detal islat	HINDA ISHI SONI
			WY				
100 REDWOOD SHORES PKWY 100 REDWOOD SHORES PI REDWOOD CITY CA 94065 REDWOOD CITY CA 94065							
THE STORY OF THE S				DO NOT WRITE IN THIS SPACE			
					 Date Incorporated or Qualified 02/11/1998 		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			NOT APPLICABLE 94-328	9032 Not	t Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			3. 03/1102/07/07/07/07	Fee Re	·
City & State	•	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registere	a Agent	
СТ	CORPORATION SYSTEM		6	Name			
1200 SOUTH PINE ISLAND ROAD			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			-				
r Low	47A11014 C 33324		83	'			
			84	City	F	85 Zip C	Code
		COZ 4500 Florido Ctotuto	the ebe	o named sar	poration submits this statement for the purpose		registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was au	thorized by	the corporat	tion's board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE							
	Signature, typed or printed name of registered agent			nt signature requir	red when reinstating) DATE	AND DIDECTO	DE IN 12
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD DEPOIS	☐ DELETE	1.1 TITLE			onlinge	
NAME	POND-HEIDE, DEBBIE	,	1.2 NAME				
STREET ADDRESS	100 REDWOOD SHORES PKWY			TADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA	☐ DELETE	1.4 CITY-1	ST-ZIP	<u> </u>	☐ Change	Addition
TITLE	S DENETED DARFEN D		2.1 TITLE				
NAME	PENFIELD, DOREEN R	r	22 NAME				
STREET ADDRESS	100 REDWOOD SHORES PKWY			T ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA	□ DELETE	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	D/CFO	☐ DELETE	3.1 TITLE			change	Диали
NAME	EATON, MARK R	,	3.2 NAME				
STREET ADDRESS	100 REDWOOD SHORES PKWY		1	TADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA		3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			LI change	C Addition
NAME	RICHMAN, MARK R	,	4. 2 NAME				
STREET ADDRESS	100 REDWOOD SHORES PKWY			T ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA		4.4 CITY-	ST-ZIP		☐ Change	☐ Addition
TITLE	D DETERMAN	☐ DELETE	5.1 TITLE			⊏! Ollande	
NAME	PFISTER, PETER A	,	5.2 NAME				
STREET ADDRESS	100 REDWOOD SHORES PKWY			ET ADDRESS			
CITY-ST-ZIP	REDWOOD CITY CA	O DEVETE	5.4 CITY-: 6.1 TITLE			☐ Change	☐ Addition
TITLE	D SOURCE TOURS	☐ DELETE				□l cuande	
NAME	Bowmer, John P		6.2 NAME				

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 tristee 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 otherwise empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

100 REDWOOD SHORES PKWY

REDWOOD CITY CA