

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000813

1. Entity Name

TAD TELECOM, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90075 008 \*\*\*550.00

Principal Place of Business

Mailing Address

100 REDWOOD SHORES PKWY  
 REDWOOD CITY CA 94065

100 REDWOOD SHORES PKWY  
 REDWOOD CITY CA 94065-1155

2. Principal Place of Business

3039 Premiere Parkway

3. Mailing Address

175 Broad Hollow Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

City & State

Duluth GA

City & State

Melville NY

Zip

30097

Country

Zip

11747

Country

4. FEI Number

94-3289032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POND-HEIDE, DEBBIE 100 REDWOOD SHORES PKWY REDWOOD CITY CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENFIELD, DOREEN R 100 REDWOOD SHORES PKWY REDWOOD CITY CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, MARK R 100 REDWOOD SHORES PKWY REDWOOD CITY CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHMAN, MARK R 100 REDWOOD SHORES PKWY REDWOOD CITY CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFISTER, PETER A 100 REDWOOD SHORES PKWY REDWOOD CITY CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMER, JOHN P 100 REDWOOD SHORES PKWY REDWOOD CITY CA	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jay Hufnagel 3039 Premiere Parkway Duluth GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	175 Broad Hollow Rd Melville NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Richard Hessler 3039 Premiere Parkway Duluth GA 30097	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	175 Broad Hollow Rd Melville NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	175 Broad Hollow Rd Melville NY 11747	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 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

5/11/00

Date

Daytime Phone #

CR2E034 (9/99)