

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000960

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90001 047 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000001053**

1. Corporation Name  
**NET2000 COMMUNICATIONS SERVICES, INC.**



Principal Place of Business 8614 WESTWOOD CENTER DR., STE 700 VIENNA VA 22182	Mailing Address 8614 WESTWOOD CENTER DR., STE 700 VIENNA VA 22182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8180 Greensboro Drive	Suite, Apt. #, etc.	26 8180 Greensboro Drive	Suite, Apt. #, etc.	02/24/1998	
22 500	City & State	27 500	City & State	4. FEI Number	
23 McLean VA	Zip Country	28 McLean VA	Zip Country	54-1672883	
24 22102	25 USA	29 22102	30 USA	Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P THOMAS, CLAYTON	1.1 TITLE	Peter Callowhill
NAME	811 WATER PLACE	1.2 NAME	11 Hanover Square 9th Floor
STREET ADDRESS	ALEXANDRIA VA	1.3 STREET ADDRESS	New York, NY 10005
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BEDNARSKI, BRUCE	2.1 TITLE	S Donald Clark
NAME	3507 RIDGEMOOR DR	2.2 NAME	2195 Fox Mill Road
STREET ADDRESS	LAUREL MD	2.3 STREET ADDRESS	Herndon, VA 20171
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HEINTZELMAN, CLYDE	3.1 TITLE	V Corylan Marsan
NAME	6800 VIRGINIA MANOR RD	3.2 NAME	8180 Greensboro Drive, Suite 500
STREET ADDRESS	BELTSVILLE MD	3.3 STREET ADDRESS	McLean VA 22102
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GEIS, ERIC	4.1 TITLE	S Mark Mendes
NAME	12393 RUE CHEAUMONT	4.2 NAME	2195 Fox Mill Road
STREET ADDRESS	SAN DIEGO CA	4.3 STREET ADDRESS	Herndon, VA
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D Reid Miles
NAME		5.2 NAME	8180 Greensboro Drive, Suite 500
STREET ADDRESS		5.3 STREET ADDRESS	McLean, VA 22102
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Jason Karp Jason Karp Date: 5-19-99 Daytime Phone #: 703-561-5000

CR2E034 (11/98)