

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

06-09-1999 90001 047 ***550.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1998

2. Principal Place of Business

21 8180 Greensboro Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 8180 Greensboro Drive
Suite, Apt. #, etc.

4. FEI Number

54-1672883

Applied For

Not Applicable

22 500

27 500

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 22102 25 USA

29 22102 30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME THOMAS, CLAYTON
STREET ADDRESS 811 WATER PLACE
CITY-ST-ZIP ALEXANDRIA VA

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Peter Callowhill
1.3 STREET ADDRESS 11 Hanover Square 9th Floor
1.4 CITY-ST-ZIP New York, NY 10005

TITLE V ☐ DELETE
NAME BEDNARSKI, BRUCE
STREET ADDRESS 3507 RIDGEMOOR DR
CITY-ST-ZIP LAUREL MD

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Donald Clark
2.3 STREET ADDRESS 2195 Fox Mill Road
2.4 CITY-ST-ZIP Herndon, VA 20171

TITLE D ☐ DELETE
NAME HEINTZELMAN, CLYDE
STREET ADDRESS 6800 VIRGINIA MANOR RD
CITY-ST-ZIP BELTSVILLE MD

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Corylan Marsan
3.3 STREET ADDRESS 8180 Greensboro Drive, Suite 500
3.4 CITY-ST-ZIP McLean, VA 22102

TITLE D ☐ DELETE
NAME GEIS, ERIC
STREET ADDRESS 12393 RUE CHEAUMONT
CITY-ST-ZIP SAN DIEGO CA

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Mark Mendes
4.3 STREET ADDRESS 2195 Fox Mill Road
4.4 CITY-ST-ZIP Herndon, VA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Reid Miles
5.3 STREET ADDRESS 8180 Greensboro Drive, Suite 500
5.4 CITY-ST-ZIP McLean, VA 22102

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-19-99

Daytime Phone #

703-561-5000

CR2E034 (11/98)