

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90170 023 \*\*\*150.00

**DOCUMENT # F98000001053**

1. Entity Name

**NET2000 COMMUNICATIONS SERVICES, INC.**

Principal Place of Business

Mailing Address

~~8100 GREENSBORO DR.~~  
~~500~~  
~~MC LEAN VA 22102~~

~~8100 GREENSBORO DR.~~  
~~500~~  
~~MC LEAN VA 22102-0023~~

2. Principal Place of Business

**2180 Fox Mill Road**

Suite, Apt. #, etc.

3. Mailing Address

**2180 Fox Mill Road**

Suite, Apt. #, etc.

City & State

**Herndon, VA**

Zip

**20171**

Country

City & State

**Herndon, VA**

Zip

**20171**

Country

4. FEI Number

**54-1672883**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 C/O CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324-2525**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, CLAYTON</b>	
STREET ADDRESS	<b>811 WATER PLACE</b>	
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BEDNARSKI, BRUCE</b>	
STREET ADDRESS	<b>3507 RIDGEMOOR DR</b>	
CITY-ST-ZIP	<b>LAUREL MD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEINTZELMAN, CLYDE</b>	
STREET ADDRESS	<b>6800 VIRGINIA MANOR RD</b>	
CITY-ST-ZIP	<b>BELTSVILLE MD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GEIS, ERIC</b>	
STREET ADDRESS	<b>12393 RUE CHEAUMONT</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>CAOOLWHIL, PETER</b>	
STREET ADDRESS	<b>11 HANGER SQUARE 9TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CLARK, DONALD</b>	
STREET ADDRESS	<b>2195 FOX MILLE RD.</b>	
CITY-ST-ZIP	<b>HERNDON VA 20171</b>	

TITLE	<b>Director - Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2180 Fox Mill Road</b>	
CITY-ST-ZIP	<b>Herndon, VA 20171</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2180 Fox Mill Road</b>	
CITY-ST-ZIP	<b>Herndon, VA 20171</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2180 Fox Mill Road</b>	
CITY-ST-ZIP	<b>Herndon, VA 20171</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Callowhill, Peter</b>	
STREET ADDRESS	<b>11 HANOVER SQUARE</b>	
CITY-ST-ZIP		
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2180 Fox Mill Road</b>	
CITY-ST-ZIP	<b>Herndon, VA 20171</b>	

13. 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 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

*Lee Weiner*  
**LEE WEINER**

Date

**3/21/00**

Daytime Phone #

CR2E034 (9/99)