

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
 09-06-2000 90095 041 ***550.00

DOCUMENT # F98000002686

1. Entity Name

ONEPOINT COMMUNICATIONS CORP.

Principal Place of Business

2201 WAUKEGAN RD., STE. E-200
 BANNOCKBURN IL 60015

Mailing Address

2201 WAUKEGAN RD., STE. E-200
 BANNOCKBURN IL 60015

2. Principal Place of Business

12901 WOULDGATE DR.
 Suite, Apt. #, etc.
 5TH FLOOR FINANCE
 City & State
 Herndon, VA

3. Mailing Address

12901 WOULDGATE DR.
 Suite, Apt. #, etc.
 5TH FLOOR FINANCE
 City & State
 Herndon, VA

Zip
 20170 Country
 Fairfax

Zip
 20170 Country
 Fairfax

4. FEI Number 36-4225811

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO OTTERBECK, JAMES A 2201 WAUKEGAN RD., STE. E-200 BANNOCKBURN IL 60015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, WILLIAM F 2201 WAUKEGAN RD., STE. E-200 BANNOCKBURN IL 60015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BERGMAN, JON D 2201 WAUKEGAN RD., STE. E-200 BANNOCKBURN IL 60015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD STAVIG, JOHN D 2201 WAUKEGAN RD., STE. E-200 BANNOCKBURN IL 60015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TC MCMOIL, WILLIAM J 2201 WAUKEGAN RD., STE. E-200 BANNOCKBURN IL 60015	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS RODINO, MARGE 2201 WAUKEGAN RD., STE. E-200 BANNOCKBURN IL 60015	☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 FIELD DRIVE - #320 LAKE FOREST, IL 60045	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	address change Ditto	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	address change Ditto	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	address change Ditto	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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

8/1/00

Date

Daytime Phone #

CR2E034 (5/00)