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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000002916

1. Corporation Name

ACCELERATED CONNECTIONS, INC.

ACI, Corp.

Principal Place of Business

7737 S. REVERE PKWY.
ENGLEWOOD CO 80122-3931

Mailing Address

7737 S. REVERE PKWY.
ENGLEWOOD CO 80122-3931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

84-1452765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

2. Principal Place of Business

21 6933 S. Revere Pkwy.
Suite, Apt. #, etc.

22

City & State

23 Englewood, CO

Zip

Country

24 80112

25

USA

2a. Mailing Address

26 6933 S. Revere Pkwy.
Suite, Apt. #, etc.

27

City & State

28 Englewood, CO

Zip

Country

29 80112

30

USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE CEOD ☐ DELETE

NAME HAPKA, CATHERINE

STREET ADDRESS 7737 S. REVERE PKWY.

CITY-ST-ZIP ENGLEWOOD CO 80122-3931

TITLE VD ☐ DELETE

NAME GREENBERG, JAMES

STREET ADDRESS 7737 S. REVERE PKWY.

CITY-ST-ZIP ENGLEWOOD CO 80122-3931

TITLE TS ☐ DELETE

NAME GEIS, ERIC

STREET ADDRESS 8787 COMPLEX DR., STE. 200

CITY-ST-ZIP SAN DIEGO CA 92123

TITLE D ☐ DELETE

NAME BLUMENFELD, JEFFREY

STREET ADDRESS 7737 S. REVERE PKWY.

CITY-ST-ZIP ENGLEWOOD CO 80122-3931

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP 6933 S. Revere Pkwy.
Englewood, CO 80112-3931

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP 6933 S. Revere Pkwy.
Englewood, CO 80112-3931

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP 6933 S. Revere Pkwy.
Englewood, CO 80112-3931

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 of 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

(703) 476-4200

Daytime Phone #

CR2E034 (11/98)