

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

DOCUMENT # F98000003605

1. Corporation Name
PAETEC COMMUNICATIONS, INC.

Principal Place of Business
**290 WOODCLIFF DR.
FAIRPORT NY 14450**

Mailing Address
**290 WOODCLIFF DR.
FAIRPORT NY 14450**

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90168 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1998

4. FEI Number

16-1551095

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

9. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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 ☐ DELETE
NAME **CEO**
STREET ADDRESS **CHESONIS, ARUNAS A**
CITY-ST-ZIP **18 BUCKTHORN RUN
VICTOR NY 14564**

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **OTTAGANA, RICHARD**
CITY-ST-ZIP **965 STRONG RD.
VICTOR NY 14564**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **PADULO, RICHARD**
CITY-ST-ZIP **1650 BROOKS AVE.
ROCHESTER NY 14624**

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **VENUTI, DANIEL J ESQ.**
CITY-ST-ZIP **106 HUNTSHILL RD.
SOLVAY NY 13209**

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **BONO, BRAD**
CITY-ST-ZIP **5 BROMLEY CT.
VOORHEES NJ 08043**

TITLE ☒ DELETE
NAME **P**
STREET ADDRESS **BARON, JACK**
CITY-ST-ZIP **116 SELBOURNE CHASE
FAIRPORT NY 14450**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **RICHARD E. OTTAGANA**
1.3 STREET ADDRESS **965 STRONG RD**
1.4 CITY-ST-ZIP **VICTOR, NY 14564**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P D**
2.3 STREET ADDRESS **BONO, BRAD**
2.4 CITY-ST-ZIP **5 BROMLEY CT
VOORHEES, NJ 08043**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **P D**
3.3 STREET ADDRESS **BARON, JACK**
3.4 CITY-ST-ZIP **116 SELBOURNE CHASE
FAIRPORT, NY 14450**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **P D**
4.3 STREET ADDRESS **BUTLER, EDWARD J. JR**
4.4 CITY-ST-ZIP **12 KINGSVIEW CT
WILLIAMSVILLE, NY 14221**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **P D**
5.3 STREET ADDRESS **AMBERSLEY, JOSEPH D.**
5.4 CITY-ST-ZIP **4007 W. MADURA RD
GULF BREEZE, FL 32561**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **P D**
6.3 STREET ADDRESS **CHAPMAN, KATHERINE A**
6.4 CITY-ST-ZIP **130 CLARA VISTA COURT
SANTA BARBARA, CA 93110**

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: **Richard E. Ottalagana** **REQUIRE** **RICHARD E. OTTAGANA** **3/29/99** **716-340-2638**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)