

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90057 006 \*\*\*150.00

**DOCUMENT # F98000003605**

1. Entity Name  
**PAETEC COMMUNICATIONS, INC.**

Principal Place of Business

**290 WOODCLIFF DR.  
FAIRPORT NY 14450**

Mailing Address

**290 WOODCLIFF DR.  
FAIRPORT NY 14450**

2. Principal Place of Business

**ONE PAETEC PLAZA**

3. Mailing Address

**ONE PAETEC PLAZA**

Suite, Apt. #, etc.

**600 WILLOWBROOK OFFICE PK**

Suite, Apt. #, etc.

**600 WILLOWBROOK OFFICE PK**

City & State

**FAIRPORT, NY**

City & State

**FAIRPORT, NY**

Zip  
**14450**

Country

**USA**

Zip  
**14450**

Country

**USA**

4. FEI Number **16-1551095**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 \$150.00**  
**After MAY 1, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
CHESONIS, ARUNAS A  
18 BUCKTHORN RUN  
VICTOR NY 14564** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OTTALAGANA, RICHARD  
965 STRONG RD.  
VICTOR NY 14564** ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BONO, BRAD  
5 BROMLEY CT.  
VOORHEES NJ 08043** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BARON, JACK  
116 SELBOURNE CHASE  
FAIRPORT NY 14450** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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:

*Richard Ottalagana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD OTTALAGANA**

**1/22/01**

Date

**716-340-2559**

Daytime Phone #

CR2E034 (10/00)