2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # F98000004156 RYTHMS NETCONNECTIONS INC. 01-25-2000 90035 021 ***150.00 Mailing Address Principal Place of Business 7337 SOUTH REVERE PARKWAY 7337 SOUTH REVERE PARKWAY ENGLEWOOD CO 80112 ENGLEWOOD CO 80112-3931 2. Principal Place of Business 3. Mailing Address PVPYP DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number 33-0747515 Ò O. 200WILDUS Not Application <u> ENGRWOC</u> Gountry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CEO Change . Addition TITLE ☐ Delete TITLE NAME HAPKA, CATHERINE M NAME Catherine M. Hapka 6933 S. Revere PKWY Englewood, Co SOID STREET ADDRESS STREET ADDRESS 7337 SOUTH REVERE PKWY CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD CO** Addition COO Change TITLE Delete TITLE **BLUMENFELD, JEFFREY** NAME Steve Stringer NAME 6933 S. Revere PKWY STREET ADDRESS 7337 SOUTH REVERE PKWY STREET ADDRESS Englewood, Co 86112 CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO VP boerations/Director Change ☐ Addition TITLE TITLE ☐ Delete Scott C. Chandler CHANDLER, SCOTT C NAME NAME STREET ADDRESS STREET ADDRESS 7337 SOUTH REVERE PKWY 1033 S. Revere Pkwy Englewood, Co 80112 CITY-ST-ZIP City-ST-ZIP **ENGLEWOOD CO** Addition Secretary of Treasurer ☐ Change Delete TITLE TITLE Enc H-Geis 6933 S. Revere Pkwy Englewood, Co 80112 COMPTON, KEVIN R NAME NAME STREET ADDRESS STREET ADDRESS 2750 SAND HILL ROAD CITY-ST-ZIP CITY-ST-ZIP MENLO PARK CA Delete ■ Addition ☐ Change TITLE TITLE GEESLIN, KEITH B NAME NAME STREET ADDRESS STREET ADDRESS 3000 SAND HILL ROAD BLDG 3, STE 170 CITY-ST-ZIE CITY-ST-ZIE MENLO PARK CA ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the 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.

Chardler