

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004156

1. Entity Name
RYTHMS NETCONNECTIONS INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90317 021 ***150.00

Principal Place of Business
6933 SOUTH REVERE PARKWAY
ENGLEWOOD CO 80112

Mailing Address
6933 SOUTH REVERE PARKWAY
ENGLEWOOD CO 80112



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9100 E Mineral Circle
Suite, Apt. #, etc.

3. Mailing Address
9100 E Mineral Cir
Suite, Apt. #, etc.

City & State
Englewood Co

City & State
Englewood Co

4. FEI Number 33-0747515

Applied For
Not Applicable

Zip Country
80112 Arapahoe

Zip Country
80112 Arapahoe

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
HAPKA, CATHERINE M
7337 SOUTH REVERE PKWY
ENGLEWOOD CO ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/CFO
JOHN BRAUKMAN
9100 E MINERAL CIRCLE
ENGLEWOOD CO 80112 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COO
STRINGER, STEVE
6933 S. REVERE PKWY
ENGLEWOOD CO 80-112. ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
CHANDLER, SCOTT C
6933 S. REVERE PKWY
ENGLEWOOD CO 80112 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GEIS, ERIC H
6933 S. REVERE PKWY
ENGLEWOOD CO 80112 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

1-19-2001 303-476-4200
Date Daytime Phone #

CR2E034 (10/00)