

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90011 050 ***558.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000007044**

1. Corporation Name

~~SAGE NETWORKS, INC.~~ Interliant, Inc.

(Name Change Amendment Filed 7/7/99)

Principal Place of Business

215 FIRST STREET
CAMBRIDGE MA 02142

Mailing Address

215 FIRST STREET
CAMBRIDGE MA 02142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1998

4. FEI Number

13-3978980

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.

☐ Yes

☒ No

2. Principal Place of Business

21 Two Manhattanville Rd.

Suite, Apt. #, etc.

22

City & State

23 Purchase, New York

Zip

24 10577

Country

25 USA

2a. Mailing Address

26 Two Manhattanville Rd.

Suite, Apt. #, etc.

27

City & State

28 Purchase, New York

Zip

29 10577

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Meng Wu authorized person

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/16/99

12. OFFICERS AND DIRECTORS

TITLE COO ☒ DELETE

NAME BHARGAYA, RAJAT

STREET ADDRESS 215 FIRST STREET

CITY-ST-ZIP CAMBRIDGE MA 02142

TITLE VGC ☐ DELETE

NAME KLEIN, BRUCE S

STREET ADDRESS 11 MARTINE AVE.

CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE C ☐ DELETE

NAME FASSLER, LEONARD J

STREET ADDRESS 11 MARTINE AVE.

CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE C ☐ DELETE

NAME FELD, BRADLEY A

STREET ADDRESS 215 FIRST STREET

CITY-ST-ZIP CAMBRIDGE MA 02142

TITLE CEO ☒ DELETE

NAME MAGGS, STEPHEN

STREET ADDRESS 9735 SUMMER OAKS DRIVE

CITY-ST-ZIP ROSWELL GA 30076

TITLE D ☐ DELETE

NAME HALPERN, MERRIL M

STREET ADDRESS 215 FIRST STREET

CITY-ST-ZIP CAMBRIDGE MA 02142

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME James Lidestri

1.3 STREET ADDRESS Two Manhattanville Road

1.4 CITY-ST-ZIP Purchase, New York 10577

2.1 TITLE VGC ☒ Change ☐ Addition

2.2 NAME Bruce S. Klein

2.3 STREET ADDRESS Two Manhattanville Road

2.4 CITY-ST-ZIP Purchase, New York 10577

3.1 TITLE CD ☒ Change ☐ Addition

3.2 NAME Leonard J. Fassler

3.3 STREET ADDRESS Two Manhattanville Road

3.4 CITY-ST-ZIP Purchase, New York 10577

4.1 TITLE CD ☒ Change ☐ Addition

4.2 NAME Bradley A. Feld

4.3 STREET ADDRESS Two Manhattanville Road

4.4 CITY-ST-ZIP Purchase, New York 10577

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 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.

SIGNATURE: *Bruce S. Klein* REPRODUCED

August 13, 1999 (914) 640-9000

0115690

CR2E034 (5/99)