2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # F99000000873 PAETEC ONLINE, INC. 03-15-2000 90086 024 ***150.00 Mailing Address Principal Place of Business 290 WOODCLIFF DRIVE 290 WOODCLIFF DRIVE UUUJOJAT FAIRPORT NY 14450-4212 FAIRPORT NY 14450 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 16-1561872 Not Applicable Zip Country Ζiρ 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 Name HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE, STE 200 TALLAHASSEE FL 32301 Zin Code City FL 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) 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. ☐ Addition Change PCD ☐ Delete TITLE TITLE NAME CHESONIS, ARUNAS A NAME STREET ADDRESS STREET ADDRESS **18 BUCKTHORN RUN** CITY-ST-ZIP CITY-ST-ZIP **VICTOR NY** Change ☐ Addition **VTD** ☐ Delete TITLE TITLE OTTALAGANA, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 965 STRONG ROAD CITY-ST-ZIP CITY-ST-ZIP **VICTOR NY** Addition ☐ Change TITLE □ Delete TITLE MOORE JR. ROBERT D NAME NAME STREET ADDRESS STREET ADDRESS 193 BUCKLAND AVENUE CITY-ST-ZIP CITY-ST-ZIP **ROCHESTER NY** Addition TITLE ☐ Delete TITLE Change NAME VENUTI, DANIEL J STREET ADDRESS STREET ADDRESS 106 HUNTSHILL RD. CITY-ST-ZIP CITY-ST-ZIP SOLVAY NY ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

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 1 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 amaddress, with all other like empowered.

SIGNATURE:

R DIRECTOR AND TYPED OR PRINTED NAME OF SIGNING OFF