2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

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Zip Country Zip Country 5. Certificate of Status Desired	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Street Address of Status Desired Applie Not Apt. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) P Election Campaign Financing SE 00 and ST 1 and ST	
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FILE NOW!!! FEE IS \$150.00	_
1 9 Election Campaign Einancing SE Off to	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Financing Trust Fund Contribution.	
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE CHANGE TO OFFICERS AND DIRECTORS IN THE LEVEL OF THE	
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TITLE EVSD Delete TITLE Change Change NAME ZUROFF, BERNARD L NAME STREET ADDRESS 161 INVERNESS DRIVE WEST STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CO 80112 CITY-ST-ZIP	Addition
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NAME ALBERY, ROBERT S NAME STREET ADDRESS CITY-ST-ZIP ENGLEWOOD CO 80112 NAME CITY-ST-ZIP	Addition
TITLE VPCD Delete TITLE NAME COLGAN, JOHN V NAME NAME STREET ADDRESS CITY-ST-ZIP 12. 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 of 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii) for	

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 10 or Block 11 if changed, or on an attachment with an address, with a lotter like empowered.

SIGNATURE:

303-414-5781

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE: 934036

7189839

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: February 17, 2003

ORDER TIME : 9:07 AM

ORDER NO. : 934036-010

CUSTOMER NO: 7189839

CUSTOMER: Ms. Carrie Hanson

Icg Communications, Inc. 161 Inverness Drive West

Englewood, CO 80112

ANNUAL REPORT FILING

NAME: ICG EQUIPMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: