

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90014 006 ***150.00

DOCUMENT # F99000001938 ✓**1. Entity Name**
UUNET TECHNOLOGIES, INC.**Principal Place of Business**
22001 LOUDOUN COUNTY PARKWAY
ASHBURN VA 20147**Mailing Address**
1133 19TH STREET NORTHWEST
WASHINGTON DC 20036**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-1543611

Applied For

Not Applicable

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****NRAI SERVICES, INC.**
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SPAGNOLO, MARK F	22001 LOUDOUN COUNTY PARKWAY	ASHBURN VA 20147	<input checked="" type="checkbox"/>
T	PATZOLD, MATTHEW	22001 LOUDOUN COUNTY PARKWAY	ASHBURN VA 20147	<input checked="" type="checkbox"/>
S	KNEE, MARTINA W	22001 LOUDOUN COUNTY PARKWAY	ASHBURN VA 20147	<input checked="" type="checkbox"/>
D	SIDGEMORE, JOHN	22001 LOUDOUN COUNTY PARKWAY	ASHBURN VA 20147	<input type="checkbox"/>
P	HARTNETT, ROBERT	22001 LOUDOUN COUNTY PARKWAY	ASHBURN VA 20147	<input checked="" type="checkbox"/>
VP	SULLIVAN, SCOTT D	1133 19TH STREET NORTHWEST	WASHINGTON DC 20036	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BERNARD EBBERS	500 CLINTON CENTER DR	CLINTON, MS 39056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/GTC	WALTER NAGEL	1133 19th ST NW	WASHINGTON, DC 20036	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	CLINT SMITH	22001 LOUDOUN COUNTY PARKWAY	ASHBURN VA 20147	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VPTD				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Date

Daytime Phone #

4/30/02 (202) 736-6362

CR2E034 (9/01)