

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90073 026 ***150.00

DOCUMENT # F99000002193

1. Entity Name
ADVANCED TELCOM OF DELAWARE INC.

Principal Place of Business

**110 STONY POINT RD
 STE 200
 SANTA ROSA CA 95401**

Mailing Address

**110 STONY POINT RD
 STE 200
 SANTA ROSA CA 95401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

77-0489158

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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
**CSD
 RUDOLPH, CLIFF
 110 STONY POINT RD, STE 200
 SANTA ROSA CA 95401** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 WHEELING, CURT
 100 STONY POINT ROAD, SUITE 130
 SANTA ROSA CA 95401** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 BLACK, MICHAEL
 100 STONY POINT ROAD, SUITE 130
 SANTA ROSA CA 95401** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 HOFFMAN, CHIP
 110 STONY POINT RD 2ND FLOOR
 SANTA ROSA CA 95401** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 CURRY, CHARLENE
 110 STONY POINT RD STE 200
 SANTA ROSA CA 95401** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 KATHARINE KLEIN
 110 STONY POINT RD 2ND FLOOR
 SANTA ROSA CA 95401** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 WHEELING, CURT
 110 STONY POINT RD STE 200
 SANTA ROSA CA 95401** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 ERIC RUSSELL
 110 STONY POINT RD 2ND FLOOR
 SANTA ROSA CA 95401** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 BLACK, MICHAEL
 110 STONY POINT RD, STE 200
 SANTA ROSA CA 95401** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVP
 BRINA, THOMAS A.
 110 STONY POINT RD 2ND FLOOR
 SANTA ROSA CA 95401** ☐ 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 REQUIRED
THOMAS A. BRINA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 707-284-5000
 Date Daytime Phone #

CR2E034 (9/01)