FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002193

1. Entity Name

Advanced TelCom of Delaware, Inc.

FILED
03 AUG -6 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
19 Old Courthouse Square	19 Old Courthouse Square
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Santa Rosa, California	City & State: Santa Rosa, California
Zip: 95404 Country:	Zip: 95404 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 77-0489158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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 accept the obligations of registered agent.

SIGNATURE: Connie Bry CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 8/6/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	David M. O'Neill, President/Director 19 Old Courthouse Square Santa Rosa, CA 95404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victor A. Allums, Secretary, Treasurer and Director 6540 Powers Ferry Drive Atlanta, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric E. Russell, Vice President, Finance and Accounting 19 Old Courthouse Square Santa Rosa, CA 95404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	03
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600022292056 08/13/03--01055--031 **400.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600022292056 08/13/03--01055--032 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M O'NEILL, President 7/29/2003 503-587-5306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #