6/3/2002-91201-041-$550.00-$550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 SEP 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002227

1. Entity Name: Us Crossing, Inc

DO NOT WRITE IN THIS SPACE

38625

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2. Principal Place of Business	3. Mailing Address
1080 Pittsford Victor Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pittsford NY	City & State
Zip: 14534 Country: USA	Zip Country

4. FEI Number: 51-0389076 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CSC Corporation Service Co.

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Talahassee FL Zip Code: 32301-2525

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	CFO
NAME	Robert A Klug
STREET ADDRESS	1080 Pittsford Victor Rd.
CITY-ST-ZIP	Pittsford NY 14534
TITLE	VP
NAME	Joseph Perrone Jr
STREET ADDRESS	1080 Pittsford Victor Rd.
CITY-ST-ZIP	Pittsford NY 14534
TITLE	Asst. Treas.
NAME	Richard N. Dkapplet
STREET ADDRESS	1080 Pittsford Victor Rd.
CITY-ST-ZIP	Pittsford NY 14534
TITLE	Treasurer
NAME	Joseph S. Tesoriero
STREET ADDRESS	1080 Pittsford Victor Rd.
CITY-ST-ZIP	Pittsford NY 14534
TITLE	Director
NAME	Mitchell C. Sussis
STREET ADDRESS	1080 Pittsford Victor Rd.
CITY-ST-ZIP	Pittsford NY 14534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: Robert N Kapke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gs 9/16/02