

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000002626**

1. Entity Name

**PAETEC CAPITAL CORP.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90057 007 \*\*\*150.00

628444



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

290 WOODCLIFF DRIVE  
FAIRPORT NY 14450290 WOODCLIFF DRIVE  
FAIRPORT NY 14450

2. Principal Place of Business

ONE PAETEC PLAZA

3. Mailing Address

ONE PAETEC PLAZA

Suite, Apt. #, etc.

600 WILLOWBROOK OFFICE PK

Suite, Apt. #, etc.

600 WILLOWBROOK OFFICE PK

City &amp; State

FAIRPORT, NY

City &amp; State

FAIRPORT, NY

4. FEI Number 16-1566437

Applied For

Not Applicable

Zip

14450

Country

USA

Zip

14450

Country

USA

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

HIQ CORPORATE SERVICES, INC.  
526 EAST PARK AVENUE, SUITE 200  
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, 2001 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PCEO			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	OTTALAGANA, RICHARD E	965 STRONG ROAD	VICTOR NY 14564						
	VTD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BANCROFT, TIMOTHY J	35 LITTLE SPRING RUN	FAIRPORT NY 14450						
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VENUTI, DANIEL J	106 HUNTSHILL ROAD	SOLVAY NY 13209						
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	CHESONIS, ALGIMANTAS K	17 CLARKES CROSSING	FAIRPORT NY 14450						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Richard Ottalagana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
RICHARD OTTALAGANA

Date

2/20/01

Daytime Phone: #

716-340-2559

CR2E034 (10/00)