## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address 717 OFFICE PARKWAY

## F9900003574 **DOCUMENT #**

Principal Place of Business

717 OFFICE PARKWAY

SIGNATURE: )

SAVVIS COMMUNICATIONS CORPORATION



**FILED** 

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Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90383 014 \*\*\*150.00

SAINT LOUIS MO 63141			SAINT	SAINT LOUIS MO 63141											
Principal Place of Business     SAVVIS Parkway			3. Maili 1 S	3. Mailing Address 1 SAVVIS Parkway							<b>             </b>				
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & State Town & Country, MO				City & State Town & Country, MO				4. FEI Number 43-1727675 Applied For Not Applicable							
Zip Country 63017 USA			Zip 630	)17		Country USA			Certificate of Status Desired		\$8.75 Fee Red				
	6. Name	and Address of Current I	egistered Agent					7. Name and Address of New Registered Agent							
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						Name Street Address (P.O. Box Number is Not Acceptable)									
PLANTATION FL 33324					City	·			F	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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if appli	cable. (NOTE	: Registered	d Agent signatu	re required y	vhen rei	instating)	DATE	:		<del></del>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Firest Fund Contribution				May Be to Fees		
10		OFFICERS AND I	DIRECTOR	is	11.			ADI	DITIONS/CHANGES TO OFF	ICERS A	ND DIREC	TORS	IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12851 WO	N, JOHN M RLDGATE DRIVE VA 20170		□ Delete	•	ì					☐ Cha	nge	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		E Et address -ST-ZIP			IS Parkway Country, MO 63	017	<b>X</b> Chai	nge	Addition		
TITLE NAME	CFO FREAR, DA	.VIDI		☐ Delete	TITLE	i i					Char	nge	Addition		
STREET ADDRESS CITY-ST-ZIP		rld gate dr.				ET ADDRESS - ST - ZIP									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Lysinger, 12851 Woi Herndon	rldgate drive	•	☐ Delete	•						Char	nge	Addition		
STREET ADDRESS	D FINLAYSON 12851 WOI HERNDON	RLDGATE DRIVE		☐ Delete		ľ					Char	nge	Addition		
indicated of the cor	on this report poration or th	or supplemental report is	true and a wered to e	ccurate and that m xecute this report a	y signati s requir	ure shall ha	ive the sa	ame le	19.07(3)(i), Florida Statutes. egal effect as if made under da Statutes; and that my nam	oath: that	I am an off	icer o	r director		

Lane H. Blumenfeld

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIBECTOR SECRETARY, VP