

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90382 011 ***150.00

DOCUMENT # F99000005463

1. Entity Name
RCN TELECOM SERVICES, INC.

Principal Place of Business

Mailing Address

**105 CARNEGIE CENTER
 PRINCETON NJ 08540**

**105 CARNEGIE CENTER
 PRINCETON NJ 08540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2472885**

Applied For
 Not Applicable

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, 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
**PCOO
 ADAMS, MICHAEL A
 647-A SUMMER STREET
 BOSTON MA 02210** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**President,
 Adams, Michael
 21 Falcon Close
 Marshfield, MA 02060** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**AS
 FILIPOWICZ, JOHN D
 1189 LONGMEADOW LANE
 YARDLEY PA 19067** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Treasurer
 Terrieri, Keith D
 301 Laban Way
 Belle Mead, NJ 08502** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 JONES, JOHN J
 120 ARCADIA COURT
 PRINCETON NJ 08540** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**EVP & Secretary
 Jones, John J
 120 Arcadia Ct
 Princeton, NJ 08540** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VT
 STOKLOSA, TIMOTHY J
 334 BURGUNDY LANE
 NEWTON PA 18940** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Executive VP & CFO
 Stoklosa, Timothy J
 334 Burgundy Lane
 Newton, PA 18940** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MCCOURT, DAVID C
 179 STONEY BROOK ROAD
 HOPEWELL NJ 08525** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VPT
 SAILE, JAMES J
 2126 WIATHROP ROAD
 HUNTINGDON VALLEY PA 19006** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP-Taxation

Date

Daytime Phone #

3/27/01 (609)919-5533

CR2E034 (10/00)