

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

06-03-2002 90903 029 \*\*\*\*\*50:00

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L02000000191**

1. Entity Name

Progress Telecom International LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

410 S Wilmington Street

3. Mailing Address

PO Box 1551

Suite, Apt. #, etc.

PEB 17B5

Suite, Apt. #, etc.

PEB 17B5

City & State

Raleigh, NC

City & State

Raleigh, NC

Zip

27602

Country

US

Zip

27602

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

22-3850755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ann M Ford

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

100 Central Avenue

City

St. Peteresburg

FL

Zip Code 33701

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

*Ann M. Ford*  
Signature, typed or printed name of registered agent and title if applicable.

*9/9/2002*  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1-**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager, Chief Executive Officer  
Ronald J. Mudry  
410 S. Wilmington St, PEB 17B5  
Raleigh, NC 27602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager, Secretary  
Frank A. Schiller  
410 S. Wilmington St., PEB 17B5  
Raleigh, NC 27602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager, Vice President  
Frank L. Dame  
410 S. Wilmington St, PEB 17B5  
Raleigh, NC 27602

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Frank A. Schiller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Frank A. Schiller

4/29/2002

Date

919-546-6908

Daytime Phone #

CR2E0838 (12/01)