

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90025 037 ****55.00

DOCUMENT # L02000000191

1. Entity Name
PROGRESS TELECOM INTERNATIONAL LLC



Principal Place of Business
**410 S. WILMINGTON STREET, PEB 17B5
RALEIGH, NC 27601**

Mailing Address
**P.O. BOX 1551, PEB 17B5
RALEIGH, NC 27602**

20038564



2. Principal Place of Business
**444 High Street
Suite, Apt. #, etc.
Suite 400**

3. Mailing Address
**444 High Street
Suite, Apt. #, etc.
Suite 400**

04252006 Chg-LLC CR2E083 (11/05)

City & State
Palo Alto, CA
Zip
94301
Country
USA

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Palo Alto, CA
Zip
94301
Country
USA

4. FEI Number
94-3430976
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PROGRESS TELECOM, LLC
410 S. WILMINGTON STREET, PEB 17B5
RALEIGH, NC 27601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT Holding Company LLC
444 High Street, Suite 400
Palo Alto, CA 94301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/06

Date

650-470-7500

Daytime Phone #