2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 28, 2002 8:00 am Secretary of State DOCUMENT # M0100000054 ANS ADVANCED NETWORK SERVICES, LLC 04-01-2002 90675 001 ****50.00 Principal Place of Business Mailing Address 12 ELMWOOD RD. 12 ELMWOOD RD. MENANDS NY 12204 MENANDS NY 12204 39903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 14-1827814 Applied For Not Applicable Zip Country Country Zip 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 Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City 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 **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change Addition NAME Antrick T. Maney JR 162 Elliot Road NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP East Greenbush TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

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

7/23/02 (SIB)292-6526

Date Daytime Phone #

Hachment Baans



12 Elmwood Road Menands, NY 12204

Voice: (518) 292-6555 Fax: (518) 292-6552 www.anscorporate.com

July 16, 2002

Florida Department of State Division of Corporations Registration Section PO Box 6478 Tallahassee, FL 32314

Re. M01000000054 14-1827814

To Whom It May Concern:

In speaking with a representative at your information line (850-245-6051) today, I was told to attach a letter to our 2002 Uniform Business Report stating that our check #52118 in the amount of \$50.00 has already been cashed in payment of our 2002 filing. We are at this time submitting a corrected 2002 Uniform Business Report.

If you have any questions, please feel free to contact me at (518)292-6526.

Business Operations Specialist Advanced Network Services, LLC

12 Elmwood Road Menands, NY 12204 voice: (518) 292-6526

fax: (518) 292-6552

e-mail: TDemarco@ANSCorporate.com