

2002 UNIFORM BUSINESS REPORT  
DOCUMENT# MC1000001547  
Entity Name: EXI PARSONS TELECOM LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 27 AM 10:49

REINSTATEMENT 2002-2003



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
15770 NORTH DALLAS PKWY., STE. 500  
DALLAS TX 75248

Mailing Address  
15770 NORTH DALLAS PKWY., STE. 500  
DALLAS TX 75248

2. Principal Place of Business  
705 N. GLENVILLE DR  
Suite, Apt. #, etc.

3. Mailing Address  
705 N. GLENVILLE DR  
Suite, Apt. #, etc.

City & State  
Richardson, TX  
Zip  
75082  
Country  
Dallas

City & State  
Richardson, TX  
Zip  
75082  
Country  
Dallas

4. FEI Number 94-3391178  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
C.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent  
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 Robert Grim DATE 8/25/03  
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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS  
TITLE NAME ☐ Delete  
MANAGER  
ROBERT GRIM  
STREET ADDRESS  
705 N. GLENVILLE DR.  
CITY-ST-ZIP  
RICHARDSON, TX 75082  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
800021307738  
07/03/03 01099-001 \*\*50.00  
500021833045  
07/28/03--01012--001 \*\*150.00  
2002  
REINSTATEMENT 2003  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: Robert Grim REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date 6-13-03 (972) 638-2557  
Daytime Phone #

CR2E083 (9/01)