## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 17, 2002 8:00 am Secretary of State DOCUMENT # M0100002053 01-17-2002 90015 047 \*\*\*\*55.00 EMERGECORE NETWORKS LLC Principal Place of Business Mailing Address 1550 SOUTH TECH LANE 1550 SOUTH TECH LANE 905954 MERIDIAN ID 83642 MERIDIAN ID 83642 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 Applied For 82-0526131 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLYNN, MATT Street Address (P.O. Box Number is Not Acceptable) 1040 SEMINOLE DRIVE, #1458 FT. LAUDERDALE FL 33304 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. 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 ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME SWENSON, DOUGLAS L NAME STREET ADDRESS 1550 SOUTH TECH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERIDIAN ID 83642** MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME FOSTER, JOHN D NAME STREET ADDRESS 1550 SOUTH TECH LANE STREET ADDRESS CITY-ST-ZIP **MERIDIAN ID 83642** CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition NAME REEVE, THOMAS V NAME STREET ADDRESS 1550 SOUTH TECH LANE STREET ADDRESS CITY-ST-ZIP **MERIDIAN ID 83642** CITY-ST-ZIP MGR TIT! F ☐ Delete TITLE ☐ Change Addition NAME WASDEN, JOHN STREET ADDRESS 1550 SOUTH TECH LANE STREET ADDRESS CITY-ST-7IP MERIDIAN ID 83642 C!TY-ST-ZIP MGR TITLE ☐ Delete TITLE Change Addition NAME MAYERON, JOHN NAME STREET ADDRESS 1550 SOUTH TECH LANE STREET ADDRESS CITY-ST-ZIP **MERIDIAN ID 83642** 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 employeered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MGR

LANGE, DOUG

10542 S. JORDAN GATEWAY, STE. 150

SOUTH JORDAN UT 84095'

Douglaszla [Swenson, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

Delete

208-955-9800

**FILED**