

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90069 017 *****50.00

DOCUMENT # M02000002372

1. Entity Name

GLOBAL CROSSING HOLDINGS USA, LLC



Principal Place of Business

**1080 PITTSFORD VICTOR ROAD
PITTSFORD NY**

Mailing Address

**1080 PITTSFORD VICTOR ROAD
PITTSFORD NY**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0627314**

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. 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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GLOBAL CROSSING HOLDINGS USA LLC**
STREET ADDRESS **7 GIRALDA FARMS**
CITY-ST-ZIP **MADISON NJ 07940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME **P Carl Grivner**
STREET ADDRESS **1080 Pittsford Victor Rd.**
CITY-ST-ZIP **Pittsford NY 14534**

TITLE ☐ Change ☒ Addition
NAME **VP Richard N Kappler**
STREET ADDRESS **1080 Pittsford Victor Rd.**
CITY-ST-ZIP **Pittsford NY 14534**

TITLE ☐ Change ☒ Addition
NAME **T Neal Panzer**
STREET ADDRESS **1080 Pittsford Victor Rd.**
CITY-ST-ZIP **Pittsford NY 14534**

TITLE ☐ Change ☒ Addition
NAME **AS David Sheffey**
STREET ADDRESS **1080 Pittsford Victor Rd.**
CITY-ST-ZIP **Pittsford NY 14534**

TITLE ☐ Change ☒ Addition
NAME **D Carl Grivner**
STREET ADDRESS **1080 Pittsford Victor Rd.**
CITY-ST-ZIP **Pittsford NY 14534**

TITLE ☐ Change ☒ Addition
NAME **D Mitchell C. Sussis**
STREET ADDRESS **1080 Pittsford Victor Rd.**
CITY-ST-ZIP **Pittsford NY 14534**

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)