

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M98000000725

1. Entity Name

NETWORK BILLING SYSTEMS, LLC

00 APR 24 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

155 WILLOWBROOK BLVD  
WAYNE, NJ 07470

(SAME)

2. Principal Place of Business

3. Mailing Address

155 WILLOWBROOK BLVD

155 WILLOWBROOK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WAYNE, NJ

City & State

WAYNE, NJ

Zip

07470

Country

USA

Zip

07470

Country

USA

4. FEI Number

22-3590994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

MDM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E PARK AVENUE  
TALLAHASSEE, FL 32301

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGRM  
NAME INTERCONNECT SERVICES GROUP II  
STREET ADDRESS 155 WILLOWBROOK BLVD  
CITY-ST-ZIP WAYNE, NJ 07470 ☐ Delete

TITLE  
NAME 8000003245888 ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP -05/09/00--01121--020  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR  
NAME KAUFMAN, JONATHAN  
STREET ADDRESS 155 WILLOWBROOK BLVD  
CITY-ST-ZIP WAYNE, NJ 07470 ☐ Delete

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

TITLE MGR  
NAME QUINN JACK  
STREET ADDRESS 155 WILLOWBROOK BLVD  
CITY-ST-ZIP WAYNE, NJ 07470 ☐ Delete

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

TITLE MGRM  
NAME PINNACLE COMMUNICATIONS  
STREET ADDRESS 3751 ONE SAN JOSE PLACE, STE #H  
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

JACK QUINN 4/19/00 973-256-2020

Date

Daytime Phone #

CR2E083 (11/99)