

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY 14 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001758

1. Entity Name

W2Com International, LLC

Principal Place of Business
3500 Park Center Drive

Dayton, OH 45414

Mailing Address
6455 East Johns Crossing, Suite 285

Duluth, GA 30097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1664908

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

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

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

TITLE President/CEO/Chairman
NAME Mitchell E. Jones
STREET ADDRESS 3500 Park Center Drive
CITY-ST-ZIP Dayton, OH 45414 ☐ Delete

TITLE CFO/Controller/Treasurer
NAME Brian Kohr
STREET ADDRESS 3500 Park Center Drive
CITY-ST-ZIP Dayton, OH 45414 ☐ Delete

TITLE COO
NAME Andrew Fallick
STREET ADDRESS 3500 Park Center Drive
CITY-ST-ZIP Dayton, OH 45414 ☐ Delete

TITLE Vice President/General Manager
NAME Brad E. Schulte
STREET ADDRESS 3500 Park Center Drive
CITY-ST-ZIP Dayton, OH 45414 ☐ Delete

TITLE Secretary
NAME Gerard D. Sower
STREET ADDRESS 3500 Park Center Drive
CITY-ST-ZIP Dayton, OH 45414 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
0000004376780-5
-06/08/01-01005-014
*****50.00 *****50.00

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

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/1/01

937-415-1100