

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90257 015 \*\*\*\*50.00

**DOCUMENT # M99000001758**

1. Entity Name

**W2Com International, LLC**

**DO NOT WRITE IN THIS SPACE**

007830

2. Principal Place of Business  
**3500 Park Center Drive**

Suite, Apt. #, etc.

3. Mailing Address  
**1720 Windward Concourse**

Suite, Apt. #, etc.  
**Suite 250**

DO NOT WRITE IN THIS SPACE

City & State  
**Dayton OH**

City & State  
**Alpharetta GA**

4. FEI Number  
**31-1664906**

Applied For  
Not Applicable

Zip  
**45414**

Country  
**USA**

Zip  
**30005**

Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**526 E. Park Avenue**

City  
**Tallahassee FL**

Zip Code  
**32301**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President/Chairman  
Izhak Gross  
3500 Park Center Drive  
Dayton OH 45414**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**COO  
Andrew Flick  
3500 Park Center Drive  
Dayton OH 45414**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP/General Manager  
Brad E. Schulte  
3500 Park Center Drive  
Dayton OH 45414**

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

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: *Andrew M. Flick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/02 (937) 415 1119

CR2E083B (12/01)