

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001758

1. Entity Name
W2COM INTERNATIONAL, LLC



Principal Place of Business
3500 PARK CENTER DRIVE
DAYTON, OH 45414

Mailing Address
1720 WINDWARD CONCOURSE
STE 250
ALPHARETTA, GA 30005

DO NOT WRITE IN THIS SPACE



02112004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
31-1664906

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

TCS CORPORATE SERVICES, INC.
103 N. MERIDAN ST
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SZWARC, PHILIPPE
STREET ADDRESS	3500 PARK CENTER DRIVE
CITY-ST-ZIP	DAYTON, OH 45414
TITLE	CFO
NAME	KOHR, BRIAN
STREET ADDRESS	3500 PARK CENTER DRIVE
CITY-ST-ZIP	DAYTON, OH 45414
TITLE	COO
NAME	YELIN, DANNY
STREET ADDRESS	3500 PARK CENTER DRIVE
CITY-ST-ZIP	DAYTON, OH 45414
TITLE	CHAIRMAN
NAME	GROSS, IZHAK
STREET ADDRESS	3500 PARK CENTER DRIVE
CITY-ST-ZIP	DAYTON, OH 45414
TITLE	VP
NAME	BURNSIDE, DOUG
STREET ADDRESS	3500 PARK CENTER DRIVE
CITY-ST-ZIP	DAYTON, OH 45414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000062195
02/23/04-80111-008 50.00

**DO NOT WRITE
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)(f), 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 AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/19/04

937-415-1160