

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000044426

Entity Name: TERRENAP DATA CENTERS, INC.

FILED  
Jun 25, 2009  
Secretary of State

## Current Principal Place of Business:

ONE BISCAYNE TOWER  
2 S. BISCAYNE BLVD., SUITE 2800  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

ONE BISCAYNE TOWER  
2 S. BISCAYNE BLVD., SUITE 2800  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 66-1008925      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MEDINA, MANUEL D.  
Address: 2 S. BISCAYNE BLVD., SUITE 2800  
City-St-Zip: MIAMI, FL 33131

Title: DVP ( ) Delete  
Name: SEGRERA, JOSE A.  
Address: 2 S. BISCAYNE BLVD., SUITE 2900  
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete  
Name: SMITH, ADAM T.  
Address: 2 S. BISCAYNE BLVD., SUITE 2800  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVPT (X) Change ( ) Addition  
Name: SEGRERA, JOSE A.  
Address: 2 S. BISCAYNE BLVD., SUITE 2900  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. SIMONS AS ATTORNEY-IN-FACT

S

06/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date