## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # P25340** 1. Entity Name DATA TRANSMISSION NETWORK CORPORATION 02-01-2001 90016 036 \*\*\*150.00 Principal Place of Business Mailing Address EMBASSY PLAZA BUILDING EMBASSY PLAZA BUILDING 9110 WEST DODGE RD. SUITE 200 9110 WEST DODGE RD. SUITE 200 OMAHA NE 68114-3324 OMAHA NE 68114-3324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 47-0669375 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zin Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Change TITLE ☐ Delete TITLE Vice-President, Director ☐ Addition LARSON, BRIAN NAME STREET ADDRESS 9110 WEST DODGE ROAD STREET ADDRESS CITY-ST-ZIP OMAHA NE 68114 CITY-ST-ZIP Delete Vice-President, Director ☐ Change **∑** Addition TITI F TITLE WALLACE, ROGER W. Joseph Urzendowski NAME NAME STREET ADDRESS 9110 WEST DODGE ROAD STREET ADDRESS allo W. Dodge Rd CITY-ST-ZIP OMAHA NE CITY-ST-ZIP Omaha, NE ☐ Addition TITLE □ Delete TITLE Treasurer, Change 🕽 PETERSON, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 9110 WEST DODGE ROAD CITY-ST-7IP CITY-ST-7IP **OMAHA NE 68114** ☐ Delete Change ☐ Addition TITLE TITLE SLOMA, GREG T NAME NAME STREET ADDRESS 9110 WEST DODGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OMAHA NE 68114** Delete Director TITLE D TITLE Change Addition KAMIN, PETER NAME NAME John Subler 350 Park Ave 7th Floor STREET ADDRESS 9110 WEST DODGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OMAHA NE 68114** New York, NY TITLE Delete TITLE Director ☐ Change Addition KARNES, DAVID K. NAME NAME Scott J. Troeller

New York, NY 13. 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 or supplemental report is true and accurate and that my 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

9110 WEST DODGE ROAD

OMAHA NE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01 (402) 390-2328 Petersen

10022

350 Park Ave, 7th Floor

FILED