

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 041 ***150.00

DOCUMENT # P25340

1. Entity Name
DATA TRANSMISSION NETWORK CORPORATION



Principal Place of Business
**EMBASSY PLAZA BUILDING
9110 WEST DODGE RD. SUITE 200
OMAHA, NE 68114-3324**

Mailing Address
**EMBASSY PLAZA BUILDING
9110 WEST DODGE RD. SUITE 200
OMAHA, NE 68114-3324**

50033310



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222005

Chg-P

CR2E034 (10/03)

4. FEI Number

47-0669375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

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. 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRES
NAME: GORDON, ROBERT D
STREET ADDRESS: 9110 WEST DODGE ROAD
CITY-ST-ZIP: OMAHA, NE 68114 ☐ Delete

TITLE: Secretary
NAME: Rich Hallie
STREET ADDRESS: 9110 West Dodge Rd
CITY-ST-ZIP: Omaha, NE 68114 ☐ Change ☒ Addition

TITLE: VP
NAME: URZENDOWSKI, JOSEPH M
STREET ADDRESS: 9110 WEST DODGE ROAD
CITY-ST-ZIP: OMAHA, NE 68114 ☒ Delete

TITLE: V.P.
NAME: John Leiferman
STREET ADDRESS: 9110 W. Dodge Rd
CITY-ST-ZIP: Omaha, NE 68114 ☐ Change ☒ Addition

TITLE: SEC
NAME: KEATING, JOELLEN I
STREET ADDRESS: 9110 WEST DODGE ROAD
CITY-ST-ZIP: OMAHA, NE 68114 ☒ Delete

TITLE: Director
NAME: Robert D. Gordon
STREET ADDRESS: 9110 West Dodge Rd
CITY-ST-ZIP: Omaha, NE 68114 ☐ Change ☒ Addition

TITLE: D
NAME: LIBASSI, THOMAS J
STREET ADDRESS: 500 CAMPUS DRIVE, STE 200
CITY-ST-ZIP: FLORHAM PARK, NJ 07932 ☐ Delete

TITLE: Director
NAME: Tom Manuel
STREET ADDRESS: 12165 West Center Rd, Ste 50
CITY-ST-ZIP: Omaha, NE 68144 ☐ Change ☒ Addition

TITLE: D
NAME: LANGLEY, WILLIAM C
STREET ADDRESS: 18 ROUND HILL DRIVE
CITY-ST-ZIP: STAMFORD, CT 06903 ☐ Delete

TITLE: Director
NAME: Hugh Yarrington
STREET ADDRESS: 530 Walnut St. 7th Floor
CITY-ST-ZIP: Philadelphia, PA 19106 ☐ Change ☒ Addition

TITLE: D
NAME: WALSH, DAVID G
STREET ADDRESS: 9110 WEST DODGE ROAD
CITY-ST-ZIP: OMAHA, NE 68114 ☒ Delete

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

12. 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/05