May 14, 2002 8:00 am Secretary of State 05-14-2002 90005 010 2002 UNIFORM BUSINESS REPORT (UBR) P27832 DOCUMENT # 1. Entity Name CDI TELECOMMUNICATIONS, INC. Principal Place of Business Mailing Address 2800 N 44TH STREET 1717 ARCH ST SUITE 800 35 FLOOR PHOENIX AZ 85008 PHILADELPHIA PA 19103-2768 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2302167 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☑ Delete TITI F Change ☐ Addition Vacant HEDEBY, RICHARD E NAME 2800 N. 44TH STREET SUITE 800 STREET ADDRESS STREET ADDRESS PHOENIX AZ 85008 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME SEIDERS, JOSEPH R. NAME STREET ADDRESS 1717 ARCH ST 35TH FL STREET ADDRESS PHILADELPHIA PA CITY-ST-ZIP CITY-ST-7IP AS TITLE ☐ Delete TITLE Addition LEWIS CRAIG H. NAME NAME STREET ADDRESS 1717 ARCH ST 35 FL STREET ADDRESS PHILADELPHIA PA CITY-ST-7IP CITY-ST-ZIP TREA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAGLE, ARLINGTON A NAME NAME

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 trustee 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

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

1717 Arch St. 35 Fl

19103

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

1717 ARCH ST 35 FL

PHILADELPHIA PA

LENANDIA, ALLEN

PHILADELPHA PA 19103

1717 ARCH ST

AGLE IN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

Change

☐ Change

Addition

☐ Addition