FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # P31106** QWEST COMMUNICATIONS CORPORATION 02-14-2000 90006 035 ***150.00 Principal Place of Business Mailing Address 555 17TH STREET SUITE 1000 555 17TH STREET SUITE 1000 A0020816 CO 80202 DENVER CO 80202-3910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #. etc. 4. FEI Number Applied For City & State City & State 04-6141739 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 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 Zip 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. CEO ☐ Delete ☐ Addition TITLE NACCHIO JOSEPH NACCHIO, JOSEPH P NAME NAME 555 174 STREET STREET ADDRESS 555 17TH ST STE 1000 STREET ADDRESS CITY-ST-ZIP DENUER 80202 CITY-ST-ZIP DENVER CO CO **VPCT** Addition Delete TITLE TITLE WOODRUFF, R.S. NAME NAME 555 17TH STREET SUITE 1000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO Change ☐ Addition ☐ Delete TITLE AFSHIN MOHEBBI-NAME NAME 555 17 DTREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS ATTACHES SHEFT CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE 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 other like empowered. Kelly S. Carter

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Assistant Treasurer

☐ Delete

Daytime Phone #

☐ Change

Addition

CR2E034 (9/99