FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -5 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39527** **(7)**

1. Corporation Name

WINSTAR GATEWAY NETWORK, INC.

Principal Place of Business	Mailing Address
5221 N. O'CONNOR STE. 850. BOX 17 E. TOWER IRVING TX 75039	5221 N. O'CONNOR STE. 850. BOX 17 E. TOWER IRVING TX 75039

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/01/1992**
3a. Date of Last Report: **06/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **75-2429676** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of new registered agent (if changing) — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CP NAME: THIBODEAUX, NELSON STREET ADDRESS: 19 HILLCREST CT. CITY-ST-ZIP: TROPHY CLUB TX	TITLE: DIRECTOR ☑ Change ☐ Addition NAME: DAVID ALLEMAN STREET ADDRESS: 3730 WEST ST. N.W. CITY-ST-ZIP: WASHINGTON D.C. 20004
TITLE: S NAME: THIBODEAUX, TAMIE STREET ADDRESS: 19 HILLCREST CITY-ST-ZIP: TROPHY CLUB TX	TITLE: PRESIDENT ☑ Change ☐ Addition NAME: NELSON THIBODEAUX
	TITLE: VP, TREAS, SEC ☐ Change ☑ Addition NAME: R. ALAN SMITH STREET ADDRESS: 410 BIRCH LANE CITY-ST-ZIP: RICHARDSON TX
	TITLE: DIRECTOR ☐ Change ☑ Addition NAME: FREDRIC E. VON STANGE STREET ADDRESS: 10 REDMOND LANE CITY-ST-ZIP: OYSTER BAY COVE NY 11771
	TITLE: DIRECTOR ☐ Change ☑ Addition NAME: WILLIAM J. ROMANA JR. STREET ADDRESS: 5 PROSPECT AVE. CITY-ST-ZIP: SANDS POINT NY 15050
	TITLE: ASST TREAS ☐ Change ☑ Addition NAME: JON PEGNELL STREET ADDRESS: 1037 LIVINGSTON CITY-ST-ZIP: HURST TX 76053

14. To the best of my knowledge, the information supplied with this filing is complete, accurate and 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 attachment to this 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 I am aware of the penalties prescribed for knowingly signing, authorizing or verifying any report with any false or fraudulent statement or omission.

SIGNATURE: Jon Pegnell — Jon Pegnell — ASST TREAS — 6-27-95 — (214)401-0480

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0473131 FP