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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P39527 (7)

1. Corporation Name
WINSTAR GATEWAY NETWORK, INC.

Principal Place of Business Mailing Address
ATTN: JON PRESNELL, ASSISTANT TREASURER
8585 NORTH STEMMONS FREEWAY
DALLAS TX 75247
ATTN: JON PRESNELL, ASSISTANT TREASURER
8585 NORTH STEMMONS FREEWAY
DALLAS TX 75247-3836



2. Principal Place of Business 2a. Mailing Address
21 8585 N Stemmons Frwy 26 8585 N Stemmons Frwy
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 1100 South 27 Suite 1100 South
City & State City & State
23 Dallas, Texas 75247 28 Dallas, Texas 75247
Zip Country Zip Country
24 75247 25 USA 29 75247 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
07/01/1992 01/30/1996
4. FEI Number Applied For
75-2429676 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☒ DELETE 1.1 TITLE D ☒ Change ☐ Addition
NAME ACHERMAN, DAVID 1.2 NAME Timothy Graham
STREET ADDRESS 3730 WEST ST. NW 1.3 STREET ADDRESS 230 Park Ave., Ste. 3126
CITY-ST-ZIP WASHINGTON DC 1.4 CITY-ST-ZIP New York, NY 10169
TITLE P ☒ DELETE 2.1 TITLE P ☒ Change ☐ Addition
NAME GREENE, ART 2.2 NAME David Schmieg
STREET ADDRESS 3442 DEER RIDGE 2.3 STREET ADDRESS 7799 Leesburg Pike, Ste 1001 North
CITY-ST-ZIP DANVILLE CA 2.4 CITY-ST-ZIP Tysons Corner, VA 22043
TITLE VP ☒ DELETE 3.1 TITLE VP-Operations ☒ Change ☐ Addition
NAME LAROSE, PETER 3.2 NAME Richard Q. Allen
STREET ADDRESS POST OFFICE BOX 405 THORNHILL ROAD 3.3 STREET ADDRESS 8585 N. Stemmons Frwy, Ste 1100 S
CITY-ST-ZIP JACKSON NH 3.4 CITY-ST-ZIP Dallas, TX 75247
TITLE D ☐ DELETE 4.1 TITLE S ☒ Change ☐ Addition
NAME VON STRANGE, FREDRIC E 4.2 NAME Ken Zinghini
STREET ADDRESS 10 REDMOND LANE 4.3 STREET ADDRESS 230 Park Ave., Ste. 3126
CITY-ST-ZIP OYSTER BAY COVE NY 4.4 CITY-ST-ZIP New York, NY 10169
TITLE D ☒ DELETE 5.1 TITLE T ☒ Change ☐ Addition
NAME ROUHANA, WILLIAM J J 5.2 NAME Ken Schwarz
STREET ADDRESS 5 PROSPECT AVENUE 5.3 STREET ADDRESS 7799 Leesburg Pike, Ste 1001 North
CITY-ST-ZIP SAND POINTS NY 5.4 CITY-ST-ZIP Tysons Corner, VA 22043
TITLE T ☒ DELETE 6.1 TITLE Asst S ☐ Change ☒ Addition
NAME PERNELL, JON 6.2 NAME Kimberley A. Bradley
STREET ADDRESS 1037 LIVINGSTON 6.3 STREET ADDRESS 8585 N Stemmons Frwy, Ste 1100 S
CITY-ST-ZIP HURST TX 6.4 CITY-ST-ZIP Dallas, TX 75247

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kimberley A. Bradley Kimberley A. Bradley 4-7-97 (214) 672-4884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)