

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003193

FILED
Mar 23, 2009
Secretary of State

Entity Name: QANTUM COMMUNICATIONS CORPORATION

Current Principal Place of Business:

1266 EAST MAIN STREET
6TH FLOOR
STAMFORD, CT 06902

New Principal Place of Business:

Current Mailing Address:

1266 EAST MAIN STREET
6TH FLOOR
STAMFORD, CT 06902

New Mailing Address:

FEI Number: 32-0022550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OSBORN, FRANK D CEO
Address: 1266 EAST MAIN STREET, 6TH FLOOR
City-St-Zip: STAMFORD, CT 06902

Title: VSD () Delete
Name: MANGAN, MICHAEL F CFO
Address: 1266 EAST MAIN STREET, 6TH FLOOR
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: ELSON, CRAIG A
Address: 1266 EAST MAIN STREET, 6TH FLOOR
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: WIGHTMAN, BRADLEY
Address: 1266 EAST MAIN STREET, 6TH FLOOR
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: WASHINGTON, FRANK G
Address: 1266 EAST MAIN STREET, 6TH FLOOR
City-St-Zip: STAMFORD, CT 06902

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL F. MANGAN

VP

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date