

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 09 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005876 (4)**  
 1. Corporation Name  
**TELIGENT, INC.**

Principal Place of Business <b>8065 LEESBURG PIKE, STE. 400 VIENNA VA 22182</b>	Mailing Address <b>8065 LEESBURG PIKE, STE. 400 VIENNA VA 22182</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/06/1997</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.		28 City & State		29 Zip	
30 Country		31		32	
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**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

**B1 Name**  
**B2 Street Address (P.O. Box Number is Not Acceptable)**  
**B3**  
**B4 City** **FL** **B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERKMAN, MYLES P</b>
STREET ADDRESS	<b>200 GATEWAY TOWERS</b>
CITY-ST-ZIP	<b>PITTSBURGH PA 15222</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERKMAN, DAVID J</b>
STREET ADDRESS	<b>3 BALA PLAZA EAST, STE. 502</b>
CITY-ST-ZIP	<b>BALA CYNWYD PA 19004</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BERKMAN, WILLIAM H</b>
STREET ADDRESS	<b>650 MADISON AVE., 25TH FL.</b>
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>
TITLE	<b>DCEO</b> <input type="checkbox"/> DELETE
NAME	<b>MANDLE, ALEX J</b>
STREET ADDRESS	<b>8065 LEESBURG PIKE, STE. 400</b>
CITY-ST-ZIP	<b>VIENNA VA 22182</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SINGH, RAJENDRA DR.</b>
STREET ADDRESS	<b>211 N. UNION ST., STE. 300</b>
CITY-ST-ZIP	<b>ALEXANDRIA VA 22314</b>
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE
NAME	<b>PICKLE, KIRBY G JR.</b>
STREET ADDRESS	<b>8065 LEESBURG PIKE, STE. 400</b>
CITY-ST-ZIP	<b>VIENNA VA 22182</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:  **Myles P. Berkman, Director**

CR2E034 (10/97)