

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90042 001 ***150.00

DOCUMENT # F98000002062

1. Corporation Name
EQUANT U.S., INC.



Principal Place of Business
3100 CUMBERLAND CIRCLE, STE. 1200
ATLANTA GA 30339

Mailing Address
3100 CUMBERLAND CIRCLE, STE. 1200
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

58-2252507

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3100 Cumberland Blvd
Suite, Apt. #, etc.

22 City & State
23

24 Zip Country
25

2a. Mailing Address

26 3100 Cumberland Blvd
Suite, Apt. #, etc.

27 City & State
28

29 Zip Country
30

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

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

TITLE PD ☐ DELETE
NAME GILSTRAP, DOUGLAS
STREET ADDRESS 3100 CUMBERLAND CIRCLE, STE. 1200
CITY-ST-ZIP ATLANTA GA 30339

TITLE S ☐ DELETE
NAME NEWMAN, JODY
STREET ADDRESS 3100 CUMBERLAND CIRCLE, STE. 1200
CITY-ST-ZIP ATLANTA GA 30339

TITLE TDC ☐ DELETE
NAME ALLKINS, JOHN
STREET ADDRESS 3100 CUMBERLAND CIRCLE, STE. 1200
CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3100 Cumberland Boulevard, Ste. 1200
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3100 Cumberland Boulevard, Ste. 1200
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS Gatwickstraat 21-23
3.4 CITY-ST-ZIP 1043 GL, Amsterdam, The Netherlands

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME AT (Asst. Treasurer)
4.3 STREET ADDRESS Robert L. Howren
4.4 CITY-ST-ZIP 3100 Cumberland Boulevard, Ste. 1200
Atlanta, GA 30339

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Robert L. Howren CRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

2/10/99
Date

720-303-3561
Daytime Phone #

CR2E034 (11/98)