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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90042 001 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **F98000002062**

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



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1998

2. Principal Place of Business 21 3100 Cumberland Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 3100 Cumberland Blvd Suite, Apt. #, etc.	4. FEI Number 58-2252507	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

C T 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSTRAP, DOUGLAS	1.2 NAME	
STREET ADDRESS	3100 CUMBERLAND CIRCLE, STE. 1200	1.3 STREET ADDRESS	3100 Cumberland Boulevard, Ste. 1200
CITY-ST-ZIP	ATLANTA GA 30339	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, JODY	2.2 NAME	
STREET ADDRESS	3100 CUMBERLAND CIRCLE, STE. 1200	2.3 STREET ADDRESS	3100 Cumberland Boulevard, Ste. 1200
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	
TITLE	TDC <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLKINS, JOHN	3.2 NAME	
STREET ADDRESS	3100 CUMBERLAND CIRCLE, STE. 1200	3.3 STREET ADDRESS	Gatwickstraat 21-23
CITY-ST-ZIP	ATLANTA GA 30339	3.4 CITY-ST-ZIP	1043 GL, Amsterdam, The Netherlands
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AT (Asst. Treasurer) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robert L. Howren
STREET ADDRESS		4.3 STREET ADDRESS	3100 Cumberland Boulevard, Ste. 1200
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, GA 30339
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 **Asst. Treasurer** 2/10/99 770-303-3561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)