

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004356

FILED
Mar 18, 2010
Secretary of State

Entity Name: 360NETWORKS (USA) INC.

Current Principal Place of Business:

ATTN: CHARLES FORST
370 INTERLOCKEN BLVD, STE 600
BROOMSFIELDS, CO 80021 US

New Principal Place of Business:

ATTN: CHARLES FORST
370 INTERLOCKEN BLVD., STE 600
BROOMFIELD, CO 80021 US

Current Mailing Address:

ATTN: CHARLES FORST
370 INTERLOCKEN BLVD, STE 600
BROOMSFIELDS, CO 80021 US

New Mailing Address:

ATTN: CHARLES FORST
370 INTERLOCKEN BLVD., STE 600
BROOMFIELD, CO 80021 US

FEI Number: 84-1496451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: FRASENE, ROB
Address: 370 INTERLOCKEN BLVD., SUITE 600
City-St-Zip: BROOMFIELD, CO 80021

Title: VP
Name: RAY, GARY
Address: 370 INTERLOCKEN BLVD., SUITE 600
City-St-Zip: BROOMFIELD, CO 80021

Title: VP
Name: GUSTATSON, RON
Address: 370 INTERLOCKEN BLVD., SUITE 600
City-St-Zip: BROOMFIELD, CO 80021

Title: CFO
Name: MUELLER, CHRIS
Address: 370 INTERLOCKEN BLVD., SUITE 600
City-St-Zip: BROOMFIELD, CO 80021

Title: VP
Name: DENNEHY, LIZA
Address: 370 INTERLOCKEN BLVD., SUITE 600
City-St-Zip: BROOMFIELD, CO 80021

Title: VP
Name: OSWALD, TONNY
Address: 370 INTERLOCKEN BLVD., SUITE 600
City-St-Zip: BROOMFIELD, CO 80021

I hereby 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 all other like empowered.

SIGNATURE: GARY RAY

VP

03/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date