

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40346

FILED
Mar 07, 2011
Secretary of State

Entity Name: GLOBAL TEL*LINK CORPORATION

Current Principal Place of Business:

12021 SUNSET HILLS ROAD
SUITE #100
RESTON, VA 20190 US

New Principal Place of Business:

Current Mailing Address:

3100 CUMBERLAND BOULEVARD
SUITE 900
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 63-1071001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HAIDINGER, JEFFREY
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190 US

Title: SEC
Name: RIDGEWAY, TERESA
Address: 2609 CAMERON STREET
City-St-Zip: MOBILE, AL 36607 US

Title: TREA
Name: YOW, STEVE
Address: 2609 CAMERON STREET
City-St-Zip: MOBILE, AL 36607 US

Title: DCOB
Name: MCKEON, ROBERT B
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190 US

Title: D
Name: MUSALLAM, RAMZI M
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190 US

Title: D
Name: EVANS, HUGH
Address: 12021 SUNSET HILLS ROAD SUITE 100
City-St-Zip: RESTON, VA 20190 US

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: SUSAN COCKERHAM

AIF

03/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date