

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

000951

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90116 024 ***150.00

DOCUMENT # P93000083781

1. Corporation Name

TRESCOM INTERNATIONAL, INC.

Principal Place of Business

1700 OLD MEADOW ROAD
MCLEAN VA 22102
US

Mailing Address

1700 OLD MEADOW ROAD
MCLEAN VA 22102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0454571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

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

9. Name and Address of Current Registered Agent

ABNEY, CHAN B
200 EAST BROWARD BLVD
21ST FLOOR
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

Robert Stankey

82 Street Address (P.O. Box Number is Not Acceptable)

4601 Sheridan St

83

6th Fl

84 City

Hollywood

FL

85 Zip Code

33021

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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINGH, K. PAUL	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	DEPODESTA, JOHN F	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAZARD, NEIL K	
STREET ADDRESS	1700 OLD MEADOW ROAD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	John Depodesta
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 checked="" type="checkbox"/> Addition
4.2 NAME	Secretary
4.3 STREET ADDRESS	Robert Stankey
4.4 CITY-ST-ZIP	4601 Sheridan St. Hollywood, FL 33021
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, with all other like empowered.

SIGNATURE:

Robert Stankey

Robert Stankey

4/26/99

703 902 2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)