

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90076 028 ***150.00

DOCUMENT # P93000083781

1. Entity 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
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BU044173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0454571	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SLOTKIN, DAVID P
 4601 SHERIDAN ST.
 6TH FLR
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent
 Name: **NEIL L. HAZARD**
 Street Address (P.O. Box Number is Not Acceptable): **1300 SAWGRASS CORPORATE PARKWAY
 SUITE #250**
 City: **SUNRISE** FL Zip Code: **33323**

8. 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: **NEIL L. HAZARD TREASURER** DATE: **4/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SINGH, K. PAUL STREET ADDRESS: 1700 OLD MEADOW ROAD CITY-ST-ZIP: MCLEAN VA 22102	<input type="checkbox"/> Delete
TITLE: VP NAME: DEPODESTA, JOHN STREET ADDRESS: 1700 OLD MEADOW ROAD CITY-ST-ZIP: MCLEAN VA 22102	<input type="checkbox"/> Delete
TITLE: T. NAME: HAZARD, NEIL K STREET ADDRESS: 1700 OLD MEADOW ROAD CITY-ST-ZIP: MCLEAN VA 22102	<input type="checkbox"/> Delete
TITLE: S NAME: STANKEG, ROBERT STREET ADDRESS: 4801 SHERIDAN ST. CITY-ST-ZIP: HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: HAZARD, NEIL L. STREET ADDRESS: 1300 SAWGRASS CORPORATE PARKWAY STE 250 CITY-ST-ZIP: SUNRISE FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **NEIL HAZARD** DATE: **4/16/01** DAYTIME PHONE #: **703 912 2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)