

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000083781

FILED
Feb 17, 2005
Secretary of State

Entity Name: TRESKOM INTERNATIONAL, INC.

Current Principal Place of Business:

1700 OLD MEADOW ROAD
MCLEAN, VA 22102 US

New Principal Place of Business:

7901 JONES BRANCH DRIVE
SUITE 900
MCLEAN, VA 22102 US

Current Mailing Address:

1700 OLD MEADOW ROAD
MCLEAN, VA 22102 US

New Mailing Address:

7901 JONES BRANCH DRIVE
SUITE 900
MCLEAN, VA 22102 US

FEI Number: 65-0454571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CYNTHIA L. HARRIS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SINGH, K. PAUL
Address: 1700 OLD MEADOW ROAD
City-St-Zip: MCLEAN, VA 22102 US

Title: VP () Delete
Name: DEPODESTA, JOHN
Address: 1700 OLD MEADOW ROAD
City-St-Zip: MCLEAN, VA 22102 US

Title: T () Delete
Name: HAZARD, NEIL K
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 250
City-St-Zip: SUNRISE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SINGH, K. PAUL
Address: 7901 JONES BRANCH DRIVE, SUITE 900
City-St-Zip: MCLEAN, VA 22102 US

Title: VP (X) Change () Addition
Name: DEPODESTA, JOHN
Address: 7901 JONES BRANCH DRIVE, SUITE 900
City-St-Zip: MCLEAN, VA 22102 US

Title: T (X) Change () Addition
Name: HAZARD, NEIL K
Address: 7901 JONES BRANCH DRIVE, SUITE 900
City-St-Zip: MCLEAN, VA 22102 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NEIL K. HAZARD

Electronic Signature of Signing Officer or Director

T

02/17/2005

Date