

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028088

1. Entity Name
TRESKOM U.S.A., INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90052 020 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1700 OLD MEADOWS RD 3RD FLOOR MCLEAN VA 22102 US	Mailing Address 1700 OLD MEADOWS RD 3RD FLOOR MCLEAN VA 22102-4302 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0497000	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STANKEY, ROBERT
4601 SHERIDAN ST
6TH FLOOR
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: **SLOTKIN, DAVID P.**
Street Address (P.O. Box Number is Not Acceptable): **4601 SHERIDAN ST**
6TH FLOOR
City: **HOLLYWOOD** FL Zip Code: **33021**

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: *David P. Slotkin* **DAVID P. SLOTKIN, SECRETARY** DATE: **4/17/00**

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STNGH, K. PAUL 1700 OLD MEADOWS RD MCLEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGH, K. PAUL Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STANKEY, ROBERT 4601 SHERIDAN ST HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLOTKIN, DAVID P. 4601 SHERIDAN ST HOLLYWOOD FL 33021 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEPODESTA, JOHN 1700 OLD MEADOWS RD MCLEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAZAR, NEIL 1700 OLD MEADOWS RD MCLEAN VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HAZAR, NEIL Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 empowered.

SIGNATURE: *Neil L. Hazard* **NEIL L. HAZARD** DATE: **4/17/00** DAYTIME PHONE #: **703-902-2800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)