

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90009 036 \*\*\*150.00

**DOCUMENT # P94000028088**

1. Entity Name  
**TRESCOM U.S.A., INC.**

Principal Place of Business      Mailing Address  
**1700 OLD MEADOWS RD**      **1700 OLD MEADOWS RD**  
**3RD FLOOR**      **3RD FLOOR**  
**MCLEAN VA 22102**      **MCLEAN VA 22102**  
**US**      **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0497000**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAZARD, NEIL L**  
**1300 SAWGRASS CORPORATE PKWY**  
**SUITE 250**  
**SUNRISE FL 33323**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SINGH, K. PAUL</b>	
STREET ADDRESS	<b>1700 OLD MEADOWS RD</b>	
CITY-ST-ZIP	<b>MCLEAN VA 22102</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DEPODESTA, JOHN</b>	
STREET ADDRESS	<b>1700 OLD MEADOWS RD</b>	
CITY-ST-ZIP	<b>MCLEAN VA 22102</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HAZARD, NEIL</b>	
STREET ADDRESS	<b>1300 SAWGRASS CORPORATE PKWY STE 250</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33323</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Neil Hazard</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>S Danielle Saunders</i>	
STREET ADDRESS	<i>1700 Old Meadow Rd</i>	
CITY-ST-ZIP	<i>McLean, VA, 22102</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]*      Date: 1/7/2002      Daytime Phone #: (703) 902-2800

CR2E034 (9/01)