

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000028088

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

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

7901 JONES BRANCH DRIVE  
STE 900  
MCLEAN, VA 221023316 US

**New Principal Place of Business:**

**Current Mailing Address:**

7901 JONES BRANCH DRIVE  
STE 900  
MCLEAN, VA 221023316 US

**New Mailing Address:**

FEI Number: 65-0497000      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
SUITE 250  
TALLAHASSEE, FL 32301 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SINGH, K. PAUL  
Address: 7901 JONES BRANCH DR STE 900  
City-St-Zip: MCLEAN, VA 22102

Title: VD ( ) Delete  
Name: DEPODESTA, JOHN F  
Address: 7901 JONES BRANCH DR STE 900  
City-St-Zip: MCLEAN, VA 22102

Title: TD ( ) Delete  
Name: KLOSTER, THOMAS R  
Address: 7901 JONES BRANCH DR STE 900  
City-St-Zip: MCLEAN, VA 22102

Title: S ( ) Delete  
Name: STONE, WALTER L  
Address: 7901 JONES BRANCH DRIVE STE 900  
City-St-Zip: MCLEAN, VA 22102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: GUIRGIS, MARK  
Address: 7901 JONES BRANCH DRIVE STE 900  
City-St-Zip: MCLEAN, VA 22102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS R. KLOSTER

TD

01/16/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date