

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90537 041 ***150.00

DOCUMENT # P94000028088



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

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
US**

20018560



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

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

City & State

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SINGH, K. PAUL	
STREET ADDRESS	1700 OLD MEADOWS RD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEPODESTA, JOHN	
STREET ADDRESS	1700 OLD MEADOWS RD	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAZARD, NEIL	
STREET ADDRESS	1300 SAWGRASS CORPORATE PKWY STE 250	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DANIELLE, SANUDERS	
STREET ADDRESS	1900 OLD MEADOW RD	
CITY-ST-ZIP	MCLEAN VA 22102	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED L. HAZARD **RE 1/17/2003 703-902-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)