

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90116 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000082911

1. Corporation Name
TRESCOM NETWORK SERVICES, INC.

Principal Place of Business 200 E BROWARD BLVD. FT LAUDERDALE FL 33301	Mailing Address 200 E BROWARD BLVD. FT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1700 Old Meadow Rd Suite, Apt. #, etc. 22 3rd Fl City & State 23 McLean VA Zip 24 22102 Country 25 US	2a. Mailing Address 26 1700 Old Meadow Rd. Suite, Apt. #, etc. 27 3rd Fl City & State 28 McLean, VA Zip 29 22102 Country 30 US
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3. Date Incorporated or Qualified 11/14/1994	4. FEI Number 65-0525168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BRYANT ABNEY, CHAN
 200 EAST BROWARD BLVD
 STE 2100
 FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name Robert Stankey	82 Street Address (P.O. Box Number is Not Acceptable) 4601 Sheridan St.	83 6th Fl	84 City Hollywood	85 State FL	86 Zip Code 33021
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Robert Stankey DATE: 4/26/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME KARP, DOUGLAS	STREET ADDRESS 200 E BROWARD BLVD.	CITY-ST-ZIP FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME KRESSEL, HENRY	STREET ADDRESS 468 LEXINGTON AVE	CITY-ST-ZIP NEW YORK NY 10017	<input checked="" type="checkbox"/> DELETE
TITLE CFO	NAME PAQUIN, WILLIAM A	STREET ADDRESS 200 E BROWARD BLVD.	CITY-ST-ZIP FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> DELETE
TITLE S	NAME SPOTO, ANGELINA	STREET ADDRESS 200 E BROWARD BLVD, STE 2100	CITY-ST-ZIP FT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President	1.2 NAME K. Paul Singh	1.3 STREET ADDRESS 1700 Old Meadow Rd. 3rd Fl	1.4 CITY-ST-ZIP McLean, VA 22102	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE Secretary	2.2 NAME Robert Stankey	2.3 STREET ADDRESS 4601 Sheridan St., 6th Fl.	2.4 CITY-ST-ZIP Hollywood, FL 33021	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Vice President	3.2 NAME John DePodesta	3.3 STREET ADDRESS 1700 Old Meadow Rd., 3rd Fl.	3.4 CITY-ST-ZIP McLean, VA 22102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE Treasurer	4.2 NAME Neil Hazard	4.3 STREET ADDRESS 1700 Old Meadow Rd., 3rd Fl	4.4 CITY-ST-ZIP McLean, VA 22102	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Stankey **REQUIRED** DATE: 4/26/99 DAYTIME PHONE #: 703 902 2876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)