
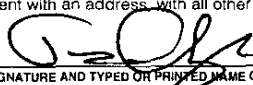


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90004 013 ***150.00

DOCUMENT # F00000001114 1. Entity Name TELIASONERA INTERNATIONAL CARRIER, INC.			
Principal Place of Business 10780 PARKRIDGE BLVD SUITE #300 RESTON, VA 20191		Mailing Address 10780 PARKRIDGE BLVD SUITE #300 RESTON, VA 20191	
2. Principal Place of Business 2201 Cooperative Way Suite, Apt. #, etc. Suite 302 City & State Herndon, VA Zip 20171 Country		3. Mailing Address 2201 Cooperative Way Suite, Apt. #, etc. S 302 City & State Herndon, VA Zip 20171 Country	
4. FEI Number 54-1837195		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PC LINDQUIST, EVA FRYKSDALSBACKEN I SE 12386 FARSTA, SWEDEN.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D LIWENDAHL, KARIN A FRYKSDALSBACKEN I SE 12386 FARSTA, SWEDEN.	<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 S MCHUGH, BRIAN JOSEPH 9533 WHITECEDAR COURT VIENNA, VA 22181	<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 V SANDQUIST, STEFAN 1640 MADDUX LANE MC LEAN, VA 22101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V TOMAS CALMING 2201 COOPERATIVE WAY, S 302 HERNDON, VA 20171	<input checked="" 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	
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	
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: 		TOMAS CALMING 2/13/04 (712) 576 4044	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	