

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90181 015 ***150.00

DOCUMENT # F00000001114

1. Entity Name
TELIA 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1837195**

Applied For

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
NAME **HEILBORN, ERIK**
STREET ADDRESS **FRYKEDALSHECKEN J**
CITY-ST-ZIP **FARSTA, SWEDEN SE 12-1 86**

TITLE **PC** ☐ Change ☒ Addition
NAME **EVA LINDBQVIST**
STREET ADDRESS **FRYKEDALSBACKEN 3 SE 123 86**
CITY-ST-ZIP **FARSTA, SWEDEN**

TITLE **D** ☒ Delete
NAME **GOCTEEN, STAFFON**
STREET ADDRESS **FRYKEDALSHACKEN J**
CITY-ST-ZIP **FARSTA, SWEDEN SE 12-1 86**

TITLE **D** ☐ Change ☒ Addition
NAME **KARIN ALMQVIST LINDBDAHL**
STREET ADDRESS **FRYKEDALSBACKEN 1 SE 123 86**
CITY-ST-ZIP **FARSTA, SWEDEN**

TITLE **S** ☐ Delete
NAME **MCHUGH, BRIAN JOSEPH**
STREET ADDRESS **9533 WHITECEDAR COURT**
CITY-ST-ZIP **VIENNA VA 22181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **HASS, DAVID**
STREET ADDRESS **545 ALDEN AVE**
CITY-ST-ZIP **WESTFIELD NJ 07090**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **ARELL, THOMAS**
STREET ADDRESS **MARBACKAGATAN N**
CITY-ST-ZIP **FARSTA, SWEDEN SE-12- 86**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **SANDQUIST, STETON**
STREET ADDRESS **1840 MADDUX LANE**
CITY-ST-ZIP **MC LEAN VA 22101**

TITLE **V** ☒ Change ☐ Addition
NAME **SANDQUIST, STEFAN**
STREET ADDRESS **1640 MADDUX LANE**
CITY-ST-ZIP **MCLEAN, VA 22101**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEFAN SANDQUIST

Date

Daytime Phone #

CR2E034 (10/02)