

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000001436

1. Entity Name  
IBASIS, INC.



Principal Place of Business  
20 SECOND AVENUE  
BURLINGTON, MA 01803 US

Mailing Address  
20 SECOND AVENUE  
BURLINGTON, MA 01803 US

**FILED**  
**Jul 25, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3332534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	GNEEZY, OFER
STREET ADDRESS	20 SECOND AVENUE
CITY-ST-ZIP	BURLINGTON, MA 01803

TITLE	CEO
NAME	GNEEZY, OFER
STREET ADDRESS	20 SECOND AVENUE
CITY-ST-ZIP	BURLINGTON, MA 01803

TITLE	S
NAME	FLYNN, MARK
STREET ADDRESS	20 SECOND AVENUE
CITY-ST-ZIP	BURLINGTON, MA 01803

TITLE	CFO
NAME	TENNANT, RICHARD
STREET ADDRESS	20 SECOND AVENUE
CITY-ST-ZIP	BURLINGTON, MA 01803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/25/08-80005-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

7/19/08