

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004175

FILED
Jan 18, 2005
Secretary of State

Entity Name: NSW SUBMARINE CABLE SYSTEMS, INC.

Current Principal Place of Business:

6001 BROKEN SOUND PARKWAY
SUITE 502
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6001 BROKEN SOUND PARKWAY
SUITE 502
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 62-1827332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: LAWRENCE, DEREK O
Address: 800 17TH STREET, N.W.
City-St-Zip: HICKORY, NC 28601

Title: V () Delete
Name: OSPINO, IGNACIO
Address: 900 BROKEN SOUND PARKWAY, N.W.
City-St-Zip: BOCA RATON, FL 33487

Title: VD () Delete
Name: JUG, VALENTIN
Address: D26944 NORDENHAM, P.O. BOX 1464
City-St-Zip: GERMANY,

Title: VD () Delete
Name: GIEBEL, WOLFGANG
Address: D26944 NORDENHAM, P.O. BOX 1464
City-St-Zip: GERMANY,

Title: SD () Delete
Name: MORRIS, STEVE
Address: 800 17TH STREET, N.W.
City-St-Zip: HICKORY, NC 28601

Title: T () Delete
Name: SCHADING, ANN
Address: 800 17TH STREET, N.W.
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGNACIO OSPINO

V

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date