

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90995 035 ***150.00

DOCUMENT # F00000004771

1. Entity Name
CABLE & WIRELESS USA, INC.



Principal Place of Business
**C/O CABLE & WIRELESS, INC.
8219 LEESBURG PIKE
VIENNA VA 22182**

Mailing Address
**C/O CABLE & WIRELESS, INC.
8219 LEESBURG PIKE
VIENNA VA 22182**

11022765



2. Principal Place of Business
CABLE & WIRELESS USA, INC.

3. Mailing Address
CABLE & WIRELESS USA, INC.

Suite, Apt. #, etc.
8219 LEESBURG PIKE

Suite, Apt. #, etc.
11700 PLAZA AMERICA DR.

☐ CHECK HERE IF MAKING CHANGES

City & State
VIENNA, VA

City & State
RESTON, VA

4. FEI Number **54-0995092**

Applied For
☐ Not Applicable

Zip
22182

Country

Zip
20190

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DUFF, AVERY	
STREET ADDRESS	8219 LEESBURG PIKE	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WALTON, ROBERT	
STREET ADDRESS	8219 LEESBURG PIKE	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEE, PATRICIA	
STREET ADDRESS	8219 LEESBURG PIKE	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DELEOVV, SIOBHAN	
STREET ADDRESS	8219 LEESBURG PIKE	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	ROMEDY, TRACI	
STREET ADDRESS	8219 LEESBURG PIKE	
CITY-ST-ZIP	VIENNA VA 22182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON CUNNINGHAM	
STREET ADDRESS	4650 OLD IRONSIDES DRIVE	
CITY-ST-ZIP	SANTA CLARA, CA 95054	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGSLEY WALLMAN	
STREET ADDRESS	4650 OLD IRONSIDES DRIVE	
CITY-ST-ZIP	SANTA CLARA, CA 95054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GINN	
STREET ADDRESS	4650 OLD IRONSIDES DRIVE	
CITY-ST-ZIP	SANTA CLARA, CA 95054	
TITLE	ASST. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MERKEL	
STREET ADDRESS	4650 OLD IRONSIDES DRIVE	
CITY-ST-ZIP	SANTA CLARA, CA 95054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **ROBERT MERKEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

703-790-5300

CR2E034 (10/02)