FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 06, 2001 8:00 am Secretary of State **DOCUMENT #** F00000005591 1. Entity Name CAP GEMINI TELECOM MEDIA & NETWORKS U.S., INC. 09-06-2001 90008 016 ***550.00 Principal Place of Business Mailing Address C/O GENERAL COUNSEL C/O GENERAL COUNSEL 25 AIRPORT ROAD 25 AIRPORT ROAD MORRISTOWN NJ 07960 MORRISTOWN NJ 07960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 52-2261309 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750,00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01)TITLE Delete TITLE CALLAHAN, THOMAS NAME NAME 25 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CR2E034 MORRISTOWN NJ 07960 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAEFFNER, ALEXANDRE NAME NAME STREET ADDRESS **76 AVENUE KLEBER** STREET ADDRESS CITY-ST-ZIP PARIS 75784 FRANCE CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition NAME KOONTZ, CHARLES NAME STREET ADDRESS **GATEWAY-ONE, SUITE-1400** STREET ADDRESS CITY-ST-ZIP ST. LOUIS MO 63101 TITLE ☐ Delete TITLE Change ☐ Addition OZAN, TERRY NAME NAME STREET ADDRESS 233 SOUTH WACKER DRIVE, SUITE 1400 STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PONDER, RON NAME NAME 25 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP MORRISTOWN NJ 07960 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Addition UNWIN, GEOFF NAME NAME STREET ADDRESS 130 SHAFTSBURY AVE STREET ADDRESS LONDON WIV8HH, U.K. CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

8/27/01 (9.73) 285- 900 9

*(973) 285-900*9