## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0000006142

1. Entity Name

QOS NETWORKS SALES (US), INC.

## FILED Jun 07, 2001 8:00 am Secretary of State

05-14-2001 90151 001 \*\*\*450.00

Solution												
ATLANTA GA 30009  ATLANTA GA 30000  7 0 3 6  2. Principer Place of Business  Suite, Apt. #. etc.  Do Not Writte in This space  In Applicable To State	Principal Place of Business Mailing Address											
Sulfe, Apf. #, etc.    Sulfe, Apf. #, etc.   Sulfe, Apf. #, etc.   DO NOT WRITE IN THIS SPACE									-	70	36	
Sulfe, Apf. #, etc.    Sulfe, Apf. #, etc.   Sulfe, Apf. #, etc.   DO NOT WRITE IN THIS SPACE							ı	<b>  184</b>	TO 110 H		8/4/	
City & State  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status Desired  8.75 Additional  6. Name and Address of Current Registered Agent  7. Name and Address of Status Desired  8.75 Additional  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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 religible red office or registered agent, or both, in the State of Florida.  SIGNATURE  FILE NOW!!! FEE 15 \$150.00  Atter May 1, 2001 Fee with be \$550.00  Address (P.O. Box Number is Not Acceptable)  City  FILE NOW!!! FEE 15 \$150.00  Atter May 1, 2001 Fee with be \$550.00  Atter May 1, 2001 Fee with be \$550.00  Address (P.O. Box Number is Not Acceptable)  City  FILE NOW!!! FEE 15 \$150.00  Atter May 1, 2001 Fee with be \$550.00  Atter May 1, 2001 Fee with be \$550.00  Address (P.O. Box Number is Not Acceptable)  City  FILE NOW!!! FEE 15 \$150.00  Atter May 1, 2001 Fee with be \$550.00  Atter May 1, 2001 Fee with be \$550.00  Atter May 1, 2001 Fee with be \$550.00  Atter May 2, 2001 Fee with be \$550.00  Atter May 2, 2001 Fee with be \$550.00  Atter May 3, 2001 Fee with be \$550.00  Atter May 4, 2001 Fee with be \$550.00  Atter May 4, 2001 Fee with be \$550.00  Atter May 5, 200 Fee with be \$550.00  Atter May 6, 2001 Fee with be \$550.00  A	2. Principal	Place of Business	3. Mailing Address									
Summary   Summ	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
Signature and address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and address (F.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jettered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jetered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its re jetered office or registered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its rejetered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its rejetered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of changing its rejetered agent, or both, in the State of Florida.  Signature and entity submits like statement for the purpose of the floridary	City & State		City & State					R	<del>  </del>	Applied For Not Applicable		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its re jistered office or registered agent, or both, in the State of Florida.  SIGNATURE  System Address (F.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its re jistered office or registered agent, or both, in the State of Florida.  SIGNATURE  System Address (F.O. Box Number is Not Acceptable)  FLE NOW!! FEE TS (\$15.00 Mg.)  After MAY 1, 2007: Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TITLE  VALENTINE, JAMES !  VALENTINE, JAMES !  VALENTINE, JAMES !  VALENTINE, JAMES I  SIGNATURE  VIEW OFFICERS AND DIRECTORS IN 11  INT.E  WRIGHT, DONALD  SIGNATURE  VIEW OFFICERS AND DIRECTORS  SIGNATURE  VIEW OFFICERS AND DIRECTORS  SIGNATURE  VALENTINE, JAMES I  SIGNATURE  VIEW OFFICERS AND DIRECTORS  SIGNATURE  VIEW OFFICERS AND DIRECTORS  SIGNATURE  VALENTINE, JAMES I  SIGNATURE  VIEW OFFICERS AND DIRECTORS  SIGNATURE  VIEW OFFICERS AND DIRECTORS  SIGNATURE  VALENTINE, JAMES I  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  TITLE  SIGNATURE  TITLE  SIGNATURE  SIGNATU	, Zip	Country	Zip	Cour	ntry		5 Certificate of Status Desired \$8.75					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		<u></u>	<del></del>	7. Nam	e and Address of New Reg				
1200 SOUTH PINE ISLAND ROAD   PLANTATION FL 33324					Name	Name						
a. The above named entity submits this statement for the purpose of changing its religible to registered agent, or both, in the State of Florida.    Signature   Supreme, typed or printed name of registered spent est title? applicable.   POTE in gristered depth applicable.   POTE in gristered agent applicable.   POTE in gristered agent. or both, in the State of Florida.	1200 SOUTH PINE ISLAND ROAD				Street A	aet Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its religionered agent ag	PLANTATION FL 33324											
SIGNATURE    Socration is eligible to satisfy its Intangible   After MAY 1, 200   Fee will be \$550.00					City				FL	Zip Co	de	
SIGNATURE    Social process   Signature	8. The above	a named entity submits this statement for	the purpose of changing its r	e gistere	ed office o	r registered	agent,	or both, in the State of Florid	a.	<del></del>	<del> </del>	
Sign active young of profess and displayed agent and like it applicable. (NOTE: Figlieved Agent alignous required when institution):  Is corporation is elligible to satisfy its Intangible (See criteria on back):  In OFFICERS AND DIRECTORS  II. OFFICERS AND DIRECTORS  III. OFFICERS AND DIRECTORS  III. OFFICERS AND DIRECTORS  III. PD  VALENTINE, JAMES I  STREET ADDRESS I  STREET ADDRESS I  VIENNA VA 22182  Change Addition  VIENNA VA 22182  Change		-		·		•	-					
In corporation is eligible to selfishy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    After MAY 1, 2001   Fee will be \$550.00   After MAY 1, 2001   Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees   Added	SIGNATURE			<u> </u>		<del></del> _						
Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   Trust Fund Contribution.   A50.00 Make Check Payable to Department of State   Trust Fund Contribution.   A600 to Fees   A600 to Fe	- ` <del>,</del>	Signature, typed or printed name or registered agent is	<del>,</del>				an reinstat	ng)	DATE			
TITLE PD VALENTINE, JAMES I STREET ADDRESS OUTY-ST-ZIP VAME VALENTINE AS 30303 STREET ADDRESS OUTY-ST-ZIP VALENT AGA 30303 TITLE S MITH, MATTHEW E ESQ. 101 MARIETTA STREET, SUITE 2600 O'NEILL, L. DANIEL STREET ADDRESS OUTY-ST-ZIP O'NEILL, L. DANIEL STREET ADDRESS OTTY-ST-ZIP O'NEILL, L. DANIEL STREET ADDRESS OTTY-ST-ZIP O'NEILL, L. DANIEL STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP O'NEILL, L. DANIEL STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP O'NEILL, L. DANIEL STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP O'NEILL, L. DANIEL STREET ADDRESS OTTY-ST-ZIP O'NEILL STREET ADDRESS OTTY-ST-ZIP O'NE	Tax filing requirement and elects to do so. After MA			001 Fee will be \$550.00			10	, -				
NAME VALENTINE, JAMES I 8000 TOWERS CRESCENT DRIVE, SUITE 1350  VIENNA VA 22182  VIT	11.	OFFICERS AND (	DIRECTORS	12.		·	ADDIT	ONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	RS IN 11	
STREET ADDRESS OTTY-ST-ZIP  STREET ADDRESS OTTY-ST-ZIP  VT  VT  WRIGHT, DONALD  STREET ADDRESS OTTY-ST-ZIP  ATLANTA GA 30303  CITY-ST-ZIP  STREET ADDRESS OTTY-ST-ZIP  ATLANTA GA 30303  CITY-ST-ZIP  STREET ADDRESS OTTY-ST-ZIP  ATLANTA GA 30303  CITY-ST-ZIP  TITLE  SMITH, MATTHEW E ESQ.  STREET ADDRESS OTTY-ST-ZIP  TITLE  CD  O'NEILL, L. DANIEL  13 ADELAIDE STREET  DUN LAOGHAIRE, DUBLIN, IRELAND  D'Elete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Change Addition  Addition  Addition  Addition  Change Addition  Change Addition  CHANGE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  Change Addition  CHANGE  STREET ADDRESS  CITY-ST-ZIP  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  STREET ADDRESS  CITY-ST-ZIP  Change Addition  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  Change Addition  STREET ADDRESS  STREET ADD			☐ Celete	TITLE		PD.				Change	☐ Addition	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 (404)739-0336

Dayrime Phone

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