2007 FOR PROFIT CORPORATION

FILED Jul 27, 2007 08:00 AN Secretary of State

	~1444	2 C 2000 II	V	
DOCUMENT#	F01000005	587		•
A PERSON NAMED IN COLUMN TO A				

Entity Name

MDU COMMUNICATIONS (USA) INC.



Principal Place of Business

Mailing Address

60-D COMMERCE WAY TOTOWA, NJ 07512

60-D COMMERCE WAY TOTOWA, NJ 07512



07172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 52-2233408 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

• The shows	named on the submits this statement for the c	purnose of chanding its registered o	Wice of registered anent o	noth in the State of Florida Lam familiar with and accent			
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: types or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
	Price the Price of Desiring Control of the Control						
	E NOW!!! FEE IS \$550.00 se by September 14, 2007	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC NELSON, SHELDON 60-D COMMERCE WAY TOTOWA, NJ 07512	•		U00000770754			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUNNINGHAM, PATRICK 60-D COMMERCE WAY TOTOWA, NJ 07512			07/27/07-80005-017 558.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAGUSA, CARMEN JR 60-D COMMERCE WAY TOTOWA, NJ 07512	,	D	O NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLMSTROM, BRAD 60-D COMMERCE WAY TOTOWA, NJ 07512	= .	IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		#\$ · · · · · · · · · · · · · · · · · · ·					
12. I hereby certify that the information supplied with this filling 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 togetiese empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607 or an attachment of the property of the corporation of the							

FINANCE