

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005587

FILED
Jul 22, 2008
Secretary of State

Entity Name: MDU COMMUNICATIONS (USA) INC.

Current Principal Place of Business:

60-D COMMERCE WAY
TOTOWA, NJ 07512

New Principal Place of Business:

Current Mailing Address:

60-D COMMERCE WAY
TOTOWA, NJ 07512

New Mailing Address:

FEI Number: 52-2233408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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: PDC () Delete
Name: NELSON, SHELDON
Address: 60-D COMMERCE WAY
City-St-Zip: TOTOWA, NJ 07512

Title: VD () Delete
Name: CUNNINGHAM, PATRICK
Address: 60-D COMMERCE WAY
City-St-Zip: TOTOWA, NJ 07512

Title: V () Delete
Name: RAGUSA, CARMEN JR
Address: 60-D COMMERCE WAY
City-St-Zip: TOTOWA, NJ 07512

Title: S () Delete
Name: HOLMSTROM, BRAD
Address: 60-D COMMERCE WAY
City-St-Zip: TOTOWA, NJ 07512

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOUIS MASSA

_____ Electronic Signature of Signing Officer or Director

CONT

07/22/2008

_____ Date