

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 003 ***550.00

DOCUMENT # F02000000010

1. Entity Name

iPrimus USA, Inc.



DO NOT WRITE IN THIS SPACE

54062898

2. Principal Place of Business
1700 Old Meadow Road
Suite/Apt. #, etc.

3. Mailing Address
1700 Old Meadow Road
Suite/Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
McLean, VA
Zip
22102
Country
USA

4. FEI Number
04-3514138
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

6. 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 _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
PD	Singh, K Paul	1700 Old Meadow Rd	McLean, VA 22102
VPD	DePodesta, John	1700 Old Meadow Rd	McLean, VA 22102
TD	Hazard, Neil	1700 Old Meadow Rd	McLean, VA 22102

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Neil Hazard

7-12-04

703-902-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)