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SECRETARY OF STATE FALL ALTESSEE. FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0200000141 1. Entity Name TELESIS II CORPORATION									
Principal Place of Business Mailing Address 1101 30TH STREET, N.W., FOURTH FLOOR 1101 30TH STREET, N.W., WASHINGTON, DC 20007 WASHINGTON, DC 20007			FOURTH FLOOR			05/19/03—010			4 150.00
Principal Place of Business 3. Mailing Addres						;			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 52-13610		1	oplied For lot Applicable	
Zip	Country Zip C		Country	untry		Certificate of Status Desired	\$8.75 Az Fee Requir	lditional ed	}
	6. Name and Address of Current	Registered Agent			7. N	Name and Address of New Registers	d Agent		
CTCORPO		Name							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Γ	Street Address	(P.O. B	lox Number is Not Acceptable)			}
	,								1
			-	City		F	Zip Co	de	-
The above named entity submits this statement for the purpose of changing its registered office or register						<u> </u>		, and accept	+
the obligations of registered agent.									
SIGNATURE									
FILE NOW III-FEE 35 \$150.00									-
After May 172003 Fee will be \$550.00 . Make Check Payable to Florida Department of State.					Section Campaign Financing \$5.00 May B Trust Fund Contribution.				
10. 1:1LE	OFFICERS AND DIRECTORS 1				ΑĐ	DITIONS/CHANGES TO OFFICERS A]
NAME	MELKONIAN, MARILYN		TOLE NAME				☐ Change	Addation	10/0
STREET ADDRESS CITY-ST-2IP	1		STREET A						1 48 ()
TITLE	VS Delete			CRV-ST-2IP			Change	Addition	CRZE034 (10/02
NAME	WHITMER, WILLIAM L			Whi	than, William L.		Par in the		ਹ
STREET ADDRESS CITY-ST-ZIP				-ZIP		•			
TITLE	V	· Delete	TALE		 		Change	Addition	4
NAME	HYSON, GREGORY D 1101 30TH STREET, N.W., FOURTH FLOOR		NAME	HEET ADDRESS HILLS O		on, Gregory A.			ĺ
STREET ADDRESS CITY-51-2P			STHEET A			.			
117LE	V	☐ Delete	1ple				☐ Change	Addition	1
KAME	LAZARUS, LAURA		NAME	ME			C VIII.gv		,
STREET ADDRESS CITY-ST-ZIP				STHEET ADDRESS City - St - 21P					
TITLE	_ 	☐ Delete	TITLE	AS			☐ Change	Addition	ļ
NAME			NAME		سيها	Alon Boldwin	Cror	2-	}
STREET ADDRESS CITY-ST-ZP			STREET A	,,,-,	4. s	410 DC 20007	,,,,,	Ï	
THILE		☐ Delete	TITLE		 (Change	Addition]
NAME STREET ADDRESS			NAME STREET A	DORESS					
CITY-ST-ZP	cux-								
12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 507, Florida Statutes; and that my name appears in block 10 or block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: William Below Bollow in ASCT Secty 5/2/03 202/333-8447									
9615									