

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000002055

1. Entity Name
EQUANT INC.



Principal Place of Business
**13775 MCLEAREN RD
HERNDON, VA 20171**

Mailing Address
**13775 MCLEAREN RD
HERNDON, VA 20171**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1869506	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 TREECE, MACK 13775 MCLEAREN RD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERG, MICHAEL 13775 MCLEAREN RD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWHIRTER, BRUCE 13775 MCLEAREN RD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WENTWORTH, NORMAN 13775 MCLEAREN RD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPKO, MIKE 13775 MCLEAREN RD HERNDON, VA 20171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT NEWMAN, DAVID 13775 MCLEAREN RD HERNDON, VA 20171

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02/09/07-80042-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 607, 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: X

DAVID NEWMAN

Date

1/30/07

Daytime Phone #

703-471-2603