



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000003847	
1. Entity Name CABLE & WIRELESS AMERICAS OPERATIONS, INC.	

Principal Place of Business 11600 SALLIE MAE DR. RESTON, VA 20193	Mailing Address 11600 SALLIE MAE DR. RESTON, VA 20193
---	---

2. Principal Place of Business 20099 Ashbrook A. Suite, Apt. #, etc. Ste. 105 City & State Ashburn Zip VA	3. Mailing Address 20099 Ashbrook A. Suite, Apt. #, etc. Ste. 105 City & State Ashburn Zip VA
Country 20147	Country 20147

FILED  
05 JUL 13 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600057405706  
07/13/05--01011--004 \*\*300.00  
  
06282005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BREUCHE, ROBERT 11600 SALLIE MAE DR. RESTON, VA 20193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROBERT BREUCHE 1 Penn Plaza, 250 West 34th St., Rm. 3104 New York, NY 10121 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEE, PATRICIA Y 11600 SALLIE MAE DR. RESTON, VA 20193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, JAMES 11600 SALLIE MAE DR. RESTON, VA 20193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Robert Breuche July 6/2005 212-239-3577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone