


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000006074	
1. Entity Name IBASIS RETAIL, INC.	

FILED
Jul 25, 2008 08:00 AM
Secretary of State

Principal Place of Business 20 SECOND AVE BURLINGTON, MA 01803	Mailing Address 20 SECOND AVE BURLINGTON, MA 01803
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07092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0522833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
Q200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GNEEZY, OFER 20 SECOND AVE BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERBRUG, GORDON 20 SECOND AVE BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TENNANT, RICHARD 20 SECOND AVE BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLYNN, MARK S 20 SECOND AVE BURLINGTON, MA 01803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/08-80005-007 150.00

**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:  7/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #