

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005568

1. Entity Name
TCG AMERICA, INC.

Principal Place of Business

ONE AT&T WAY
BEDMINSTER, NJ 07921

Mailing Address

ONE AT&T WAY
ROOM 4A235
BEDMINSTER, NJ 07921 US

FILED

06 MAY -3 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04262006 No Chg-P CR2E034 (11/05)

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4. FEI Number

13-3743574

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION, FL 33324DO 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, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALLACH, FREDERICK K
STREET ADDRESS	ONE AT&T WAY
CITY - ST - ZIP	BEDMINSTER, NJ 07921
TITLE	CFO
NAME	DIONNE, JAMES
STREET ADDRESS	ONE AT&T WAY
CITY - ST - ZIP	BEDMINSTER, NJ 07921
TITLE	V
NAME	BIENFAIT, ROBERTA A
STREET ADDRESS	300 NORTH POINT PKWY
CITY - ST - ZIP	ALPHARETTA, GA 300054116
TITLE	S
NAME	FEIT, ROBERT S
STREET ADDRESS	ONE AT&T WAY
CITY - ST - ZIP	BEDMINSTER, NJ 07921
TITLE	T
NAME	PRIP, WILLIAM
STREET ADDRESS	ONE AT&T WAY
CITY - ST - ZIP	BEDMINSTER, NJ 07921
TITLE	AS
NAME	METZGER, KATHLEEN S
STREET ADDRESS	ONE AT&T WAY
CITY - ST - ZIP	BEDMINSTER, NJ 07921

100074512051
05/12/06--01015--029 **3450.00DO NOT WRITE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/06

(908) 234-8955