FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am Secretary of State

ALD COMMUNICATIONS, INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business SOO. CLINTON CENTER DR 1133 19TH STREET NW Suite. Apt. #, etc. DEPT 84 08 CCLINTON MS WASHINGTON DC 4. FEI Number 44 - 3129848 Applied For Not Applied Fo
2. Principal Place of Business 50. CLINTON CENTER DR 1133 19TH STREET NW Suite, Apt #, etc. DEPT 8408 DO NOT WRITE IN THIS SPACE CLINTON MS CAPPLIANT State WASHINGTON DC Guntry US Country DO NOT WRITE IN THIS SPACE DEPT 8408 DO NOT WRITE For Required TALLAHASSE FL Signature, bysed or printed name of registered agent and title if applicable. Signature, bysed or printed name of registered agent and title if applicable. Signature, bysed or printed name of registered agent and title if applicable. Signature is eligible to satisfy its Intangible 3. Applied For Not Applicable NRAI SERVICES, INC. Signature, bysed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TILL PD NAME BERNARD EBBERS STREET ADDRESS STREET ADRESS STREET ADRESS ST
2. Principal Place of Business 50. CLINTON CENTER DR 1133 19TH STREET NW Suite, Apt #, etc. DEPT 8408 DO NOT WRITE IN THIS SPACE CLINTON MS CLINTON CLINTON MS CLINTON
Suite, Apt. #, etc. Suite, Apt. #, etc. DEPT 84 08 Suite, Apt. #, etc. DEPT 84 08 DEP
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Signature Sign
39056 US 20036 US 20036 US 5. Certificate of Status Desired
DO NOT WRITE IN THIS SPACE TALLAHASSE TALLAHASSE TALLAHASSE Signature, typed or printed name of registered agent and title if applicable. Signature (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. Amended UBR is \$81.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE NAME SIRRET ADDRESS STREET ADR
IN THIS SPACE Street Address #PO Box Number is Not Acceptable
IN THIS SPACE CIVILIANASSE FL 32301
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. DIRECTOR OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ON AMERICA AGENT AGE
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) After May 1, Fee is \$150.00 After May 1, Fee is \$1.25 Annended UBR is \$61.25 Annended UBR is \$61.25 Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. BERNARD EBBERS Title NAME NAME STREET ADDRESS CITY - ST - ZIP CLINTON MS 39056 CITY - ST - ZIP CLINTON MS 39056 CITY - ST - ZIP CLINTON MS 39056 CITY - ST - ZIP CLINTON STREET ADDRESS STRE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS ITILE NAME BERNARD EBBERS STREET ADDRESS CITY - ST - ZIP CLINTON MS 39056 ITILE NAME WALTER NAGEL STREET ADDRESS STREET ADDRE
Tax filing requirement and elects to do so. (See criteria on back) Amendad UBR is \$61.25
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NAME SCOTT SILLITYAN
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3. 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 appears in Block 11 or on an attachment with an address, with all other like empowered.
SIGNATURE: WALTER NAGEL -VPGTC 04/30/02 202-736-6362