

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000252

FILED
Apr 16, 2012
Secretary of State

Entity Name: GLOBAL CROSSING AMERICAS SOLUTIONS, INC.

Current Principal Place of Business:

1025 ELDORADO BLVD
BROOMFIELD, CO 80021

New Principal Place of Business:

Current Mailing Address:

225 KENNETH DRIVE
ROCHESTER, NY 14623

New Mailing Address:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324

FEI Number: 65-0600569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D P
Name: ALONSO, HECTOR
Address: 1025 ELDORADO BLVD
City-St-Zip: BROOMFIELD, CO 80021

Title: TSVP
Name: ROBIN, GREY E
Address: 1025 ELDORADO BLVD
City-St-Zip: BROOMFIELD, CO 80021

Title: VPSD
Name: PLASTINO, VALERIA
Address: 1025 ELDORADO BLVD
City-St-Zip: BROOMFIELD, CO 80021

Title: D VP
Name: CERSOSSIMO, FERNANDO M
Address: 1025 ELDORADO BLVD
City-St-Zip: BROOMFIELD, CO 80021

Title: AS
Name: ECKSTEIN, NEIL J
Address: 1025 ELDORADO BLVD
City-St-Zip: BROOMFIELD, CO 80021

Title: CFO
Name: PATEL, SUNIT
Address: 1025 ELDORADO BLVD
City-St-Zip: BROOMFIELD, CO 80021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NEIL J ECKSTEIN

AS

04/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date