

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90031 016 ***150.00

DOCUMENT # F97000002303

1. Corporation Name
TELEGLOBE USA INC.

Principal Place of Business

**1751 PINNACLE DRIVE
MCLEAN VA 22102**

Mailing Address

**1751 PINNACLE DRIVE
MCLEAN VA 22102**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

54-1739110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 11480 Commerce Park Dr.

Suite, Apt. #, etc.

2a. Mailing Address

26 11480 Commerce Park Dr.

Suite, Apt. #, etc.

City & State

23 Reston, Virginia

Zip Country

24 -20191 25 USA

City & State

28 Reston, Virginia

Zip Country

29 20191 30 USA

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. See Attached OFFICERS AND DIRECTORS

TITLE **COB** ☒ DELETE
NAME **GUIDI, PAOLO**
STREET ADDRESS **1751 PINNACLE DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **P** ☒ DELETE
NAME **CAHILL, JOHN**
STREET ADDRESS **1751 PINNACLE DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **VP** ☒ DELETE
NAME **JACQUET, DOMINIQUE**
STREET ADDRESS **1751 PINNACLE DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **CC** ☒ DELETE
NAME **BONDI, ANDREA**
STREET ADDRESS **1751 PINNACLE DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **D** ☐ DELETE
NAME **SEQUIN, CLAUDE**
STREET ADDRESS **1000 DE LA GAUCHETIERE STREET WEST**
CITY-ST-ZIP **MONTREAL QUEBEC H3B 4X5 CAN**

TITLE **AS** ☒ DELETE
NAME **BUSTAMANTE, A KIERAN**
STREET ADDRESS **1751 PINNACLE DRIVE**
CITY-ST-ZIP **MCLEAN VA 22102**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **COB** ☒ Change ☐ Addition
1.2 NAME **Guidi, Paolo**
1.3 STREET ADDRESS **11480 Commerce Park Drive**
1.4 CITY-ST-ZIP **Reston, Virginia 20191**

2.1 TITLE **P** ☒ Change ☐ Addition
2.2 NAME **Cahill, John**
2.3 STREET ADDRESS **11480 Commerce Park Drive**
2.4 CITY-ST-ZIP **Reston, Virginia 20191**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **Jacquet, Dominique**
3.3 STREET ADDRESS **11480 Commerce Park Drive**
3.4 CITY-ST-ZIP **Reston, Virginia 20191**

4.1 TITLE **CC** ☒ Change ☐ Addition
4.2 NAME **Marc Van Doorn**
4.3 STREET ADDRESS **11480 Commerce Park Drive**
4.4 CITY-ST-ZIP **Reston, Virginia 20191**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **AS** ☒ Change ☐ Addition
6.2 NAME **Bustamante, A Kieran**
6.3 STREET ADDRESS **11480 Commerce Park Drive**
6.4 CITY-ST-ZIP **Reston, Virginia 20191**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. C. BUSTAMANTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999

Date

Daytime Phone #

(703) 755-2000

CR2E034 (1/198)