2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 06, 2000 8:00 am Secretary of State DOCUMENT # F9700002303 1. Entity Name TELEGLOBE USA INC. 06-06-2000 90486 047 ***550.00 Mailing Address Principal Place of Business 11480 COMMERCE PK DR. 11480 COMMERCE PK DR. RESTON VA 20191-1506 RESTON VA 20191 3. Mailing Address 2. Principal Place of Business . Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 54-1739110 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ■ Addition TITLE Change TITLE COB ☐ Delete NAME NAME **GUIDI, PAOLO** STREET ADDRESS STREET ADDRESS 11480 COMMERCE PK DR CITY-ST-ZIP CITY-ST-ZIP RESTON VA 20191 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CAHILL, JOHN STREET ADDRESS STREET ADDRESS 11480 COMMERCE PK DR C!TY-ST-ZIP CITY-ST-ZIP RESTON VA 20191 ☐ Change Addition ☐ Delete TITLE TITLE NAME JACQUET, DOMINIQUE NAME STREET ADDRESS STREET ADDRESS 11480 COMMERCE PK DR CITY-ST-ZIP CITY-ST-ZIP RESTON VA 20191 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COB NAME NAME VAN DOORN, MARC STREET ADDRESS STREET ADDRESS 11480 COMMERCE PK DR CITY-ST-ZIP CITY-ST-ZIP RESTON VA 20191 Delete ☐ Change ☐ Addition TITLE TITLE D NAME SEQUIN, CLAUDE STREET ADDRESS STREET ADDRESS 1000 DE LA GAUCHETIERE STREET WEST CITY-ST-ZIP CITY-ST-ZIP MONTREAL QUEBEC H3B 4X5 CAN ☐ Change Addition ☐ Delete TITLE TITLE AS NAME NAME BUSTAMANTE, A KIERAN STREET ADDRESS STREET ADDRESS 11480 COMMERCE PK DR CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not dealify 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 an officer or director of the corporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

RESTON VA 20191

of the corporation or the receiver or trustee changed, or on an attachment with an apoly

CITY-ST-ZIP

J∥RASSistant Sec. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(703)755-2360