

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1212

0620947 AT

DOCUMENT # 97000002303

1. Entity Name  
TELEGLOBE USA INC.



FILED

03 MAY -1 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
11480 COMMERCE PK DR.  
RESTON VA 20191

Mailing Address  
11480 COMMERCE PK DR.  
RESTON VA 20191

2. Principal Place of Business  
11495 Commerce Park Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
11495 Commerce Park Dr.  
Suite, Apt. #, etc.

City & State  
Reston, VA

City & State  
Reston, VA

4. FEI Number 54-1739110

Applied For  
Not Applicable

Zip Country  
20191 USA

Zip Country  
20191 USA

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

600017812976

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHILDERS, CHARLES	
STREET ADDRESS	11480 COMMERCE PARK DR	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	EV	<input type="checkbox"/> Delete
NAME	BRUNETTE, JOHN	
STREET ADDRESS	11480 COMMERCE PK DR	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, KIERAN A	
STREET ADDRESS	11480 COMMERCE PK DR	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MORGAN, KATHLEEN	
STREET ADDRESS	11480 COMMERCE PK DR	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUNETTE, JOHN	
STREET ADDRESS	11480 COMMERCE PARK DR	
CITY-ST-ZIP	RESTON VA 20191	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, ROBERT P	
STREET ADDRESS	11480 COMMERCE PK DR	
CITY-ST-ZIP	RESTON VA 20191	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andre Mongrain	
STREET ADDRESS	11495 Commerce Park Dr.	
CITY-ST-ZIP	Reston, VA 20191	
TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Brunette	
STREET ADDRESS	11495 Commerce Park Dr.	
CITY-ST-ZIP	Reston, VA 20191	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A. Kieran Bustamante	
STREET ADDRESS	11495 Commerce Park Dr.	
CITY-ST-ZIP	Reston, VA 20191	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Morgan	
STREET ADDRESS	11495 Commerce Park Dr.	
CITY-ST-ZIP	Reston, VA 20191	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Brunette	
STREET ADDRESS	11495 Commerce Park Dr.	
CITY-ST-ZIP	Reston, VA 20191	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: Kathleen Morgan 4/28/03 703-755-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2012



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075955 4340636

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 9:50 AM

ORDER NO. : 075955-005

CUSTOMER NO: 4340636

CUSTOMER: Ms. Kelli Haley  
Jones Day  
2727 North Harwood Street  
Dallas, TX 75201-1515

ANNUAL REPORT FILING

NAME: TELEGLOBE USA INC.

RECEIVED  
03 MAY - 1 AM 10:30  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 1155

EXAMINER'S INITIALS: \_\_\_\_\_