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FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUMENT # F970000004678 ST: DEACTIVE/FOREIGN PRO				Tallahassee 32399	
1. Corporation Name TRICOM USA, INC				DO NOT WRITE IN THIS SPACE	
Principal Place of Business 1 Exchange Place JERSEY CITY, NJ 07302		Mailing Address 1 Exchange Place JERSEY CITY, NJ 07302		3. Date Incorporated or Qualified	
2. Principal Place of Business 21 1 Exchange Place Suite, Apt. #, etc. 22 400 City & State 23 JERSEY CITY, NJ Zip 24 07302 Country 25 USA		2a. Mailing Address 26 1 Exchange Place Suite, Apt. #, etc. 27 400 City & State 28 JERSEY CITY, NJ Zip 29 07302 Country 30 USA		4. FEI Number 13-3927530 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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No				8. Name and Address of Current Registered Agent Corporation Services Company LSC - Tallahassee at 1201 Nays Street, Tallahassee, Florida 32301	
9. Name and Address of New Registered Agent				10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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.				12. Name and Address of New Registered Agent	
SIGNATURE <i>[Signature]</i> DATE <i>April 27, 1998</i>				13. Name and Address of New Registered Agent	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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.				15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 92	
12. OFFICERS AND DIRECTORS				15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 92	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
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35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-ST-ZIP				35.1 TITLE 35.2 NAME 35.3 STREET ADDRESS 35.4 CITY-ST-ZIP	
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37.1 TITLE 37.2 NAME 37.3 STREET ADDRESS 37.4 CITY-ST-ZIP				37.1 TITLE 37.2 NAME 37.3 STREET ADDRESS 37.4 CITY-ST-ZIP	
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