FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90150 022 ***150.00

DOCUMENT # F97000004678

1. Entity Name

TRICOM USA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ONE EXCHANG PLACE	ONE EXCHANG PLACE
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SUITE 400
City & State: JERSEY CITY, NJ	City & State: JERSEY CITY, NJ
Zip: 07302 / Country: US	Zip: 07302 / Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 13-3927530 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE **FL** Zip Code: 32301-2525

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: _____ DATE

Typed or Printed Name of Individual and Capacity of Registered Agent and Title if Applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See reverse for basis) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PELLERANO, MANUEL A ONE EXCHANGE PLACE, SUITE 400 JERSEY CITY, NJ 07302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT CARLSON, CARL ONE EXCHANGE PLACE, SUITE 400 JERSEY CITY, NJ 07302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY TRANCOSO MEJIA, MARCOS J ONE EXCHANGE PLACE, SUITE 400 JERSEY CITY, NJ 07302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER VARGAS, CARLOS ONE EXCHANGE PLACE, SUITE 400 JERSEY CITY, NJ 07302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP - INTERNATIONAL TARRAGO, RAMON ONE EXCHANGE PLACE, SUITE 400 JERSEY CITY, NJ 07302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CONTROLLER HANK PEREA ONE EXCHANGE PLACE, SUITE 400 JERSEY CITY, NJ 07302	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ HANK PEREA (201) 324-0078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number