

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005643

FILED
Apr 15, 2004
Secretary of State

Entity Name: TRANSOCEANIC CABLE SHIP COMPANY, INC.

Current Principal Place of Business:

60 COLUMBIA RD.
MORRISTOWN, NJ 07960

New Principal Place of Business:

60 COLUMBIA ROAD
MORRISTOWN, NJ 07960

Current Mailing Address:

60 COLUMBIA RD.
MORRISTOWN, NJ 07960

New Mailing Address:

P O BOX 8749
PRINCETON, NJ 08543

FEI Number: 13-1961749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COUGLAN, DAVID R
Address: 60 COLUMBIA TURNPIKE BLDG. A
City-St-Zip: MORRISTOWN, NJ 07960

Title: VPAT () Delete
Name: STEVENSON, SCOTT
Address: ONE TOWN CENTER RD.
City-St-Zip: BOCA RATON, FL 33486

Title: VD () Delete
Name: FLANIGAN, TIMOTHY E
Address: 9 WEST 57TH ST, 43RD FL
City-St-Zip: NEW YORK, NY 10019

Title: T (X) Delete
Name: ABROMEIT, RICHARD H
Address: 273 CORPORATE DRIVE SUITE 100
City-St-Zip: PORTSMOUTH, NH 03801

Title: SD (X) Delete
Name: MOROZE, M. BRIAN
Address: 273 CORPORATE DRIVE
City-St-Zip: PORTSMOUTH, NH 03801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COUGHLAN, DAVID R
Address: 60 COLUMBIA ROAD
City-St-Zip: MORRISTOWN, NJ 07960

Title: S (X) Change () Addition
Name: MOROZE, M. BRIAN
Address: 60 COLUMBIA ROAD
City-St-Zip: MORRISTOWN, NJ 07960

Title: T (X) Change () Addition
Name: ABROMEIT, RICHARD H
Address: 60 COLUMBIA ROAD
City-St-Zip: MORRISTOWN, NJ 07960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. COUGHLAN

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04/15/2004

Electronic Signature of Signing Officer or Director

_____ Date