

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 09 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F97000005876 (4)**

1. Corporation Name  
**TELIGENT, INC.**

Principal Place of Business

Mailing Address

**8065 LEESBURG PIKE. STE. 400  
VIENNA VA 22182**

**8065 LEESBURG PIKE. STE. 400  
VIENNA VA 22182**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/06/1997**

4. FEI Number

**APPLIED FOR 54-1866562**

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**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **BERKMAN, MYLES P**  
STREET ADDRESS **200 GATEWAY TOWERS**  
CITY-ST-ZIP **PITTSBURGH PA 15222**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BERKMAN, DAVID J**  
STREET ADDRESS **3 BALA PLAZA EAST, STE. 502**  
CITY-ST-ZIP **BALA CYNWYD PA 19004**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BERKMAN, WILLIAM H**  
STREET ADDRESS **650 MADISON AVE., 25TH FL.**  
CITY-ST-ZIP **NEW YORK NY 10022**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DCEO** ☐ DELETE  
NAME **MANDLE, ALEX J**  
STREET ADDRESS **8065 LEESBURG PIKE, STE. 400**  
CITY-ST-ZIP **VIENNA VA 22182**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SINGH, RAJENDRA DR.**  
STREET ADDRESS **211 N. UNION ST., STE. 300**  
CITY-ST-ZIP **ALEXANDRIA VA 22314**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **PCOO** ☐ DELETE  
NAME **PICKLE, KIRBY G JR.**  
STREET ADDRESS **8065 LEESBURG PIKE, STE. 400**  
CITY-ST-ZIP **VIENNA VA 22182**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 its 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.

SIGNATURE:

**Myles P. Berkman, Director**

CR2E034 (10/97)