

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000004382	
1. Entity Name IDT AMERICA, CORP.	

Principal Place of Business 520 BROAD STREET NEWARK, NJ 07102	Mailing Address 520 BROAD STREET NEWARK, NJ 07102
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3312697	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

100000611360
02/02/07-80089-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	CCEO
NAME	JONAS, HOWARD S
STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	DP
NAME	COURTER, JAMES A
STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	D
NAME	KNOLLER, MARC E
STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	S
NAME	MASON, JOYCE J
STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	DV
NAME	BROWN, STEPHEN R
STREET ADDRESS	520 BROAD STREET
CITY-ST-ZIP	NEWARK, NJ 07102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Wayne Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07 973-438-1000
Date Daytime Phone #