

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # F99000004356

1. Entity Name
360NETWORKS (USA) INC.



Principal Place of Business
**867 COAL CREEK CIRCLE
SUITE 160
LOUISVILLE, CO 80027 US**

Mailing Address
**867 COAL CREEK CIRCLE
SUITE 160
LOUISVILLE, CO 80027 US**



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1496451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when reconstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FRASENE, ROB
STREET ADDRESS 867 COAL CREEK CIRCLE STE 160
CITY-ST-ZIP LOUISVILLE, CO 80027

TITLE VP
NAME RAY, GARY
STREET ADDRESS 867 COAL CREEK CIRCLE STE 160
CITY-ST-ZIP LOUISVILLE, CO 80027

TITLE VP
NAME GUSTATSON, RON
STREET ADDRESS 867 COAL CREEK CIRCLE, SUITE 160
CITY-ST-ZIP LOUISVILLE, CO 80027

TITLE CFO
NAME MUELLER, CHRIS
STREET ADDRESS 867 COAL CREEK CIRCLE, SUITE 160
CITY-ST-ZIP LOUISVILLE, CO 80027

TITLE VP
NAME DENNEHY, LIZA
STREET ADDRESS 867 COAL CREEK CIRCLE STE 160
CITY-ST-ZIP LOUISVILLE, CO 80027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000790619
01/23/08-80041-018 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-08

Date

303-854-5000

Daytime Phone #