3/9/01 703 707 4025 Date Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: MUMBLE MULLIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, JANAGER, OR AUTHORIZED REPRESENTATIVE

DOCU 1. Entity Nam	MENT # <b>M000</b> (	00000752			9
•	T GLOBAL NETWORKS US	A, L.L.C.			FILED
					01 MAR 16 PM 4: 26
	e of Business	Mailing Address		7	SECRETARY OF STATE
7.1321 7.1222 5 5		11921 FREEDOM DRIVE RESTON VA 20190			TALLAMASSEE, FLORIDA
2. Principal Place of Business 3. N		3. Mailing Address	Mailing Address		T ( CONTROL IN SENIA ERIAL BOANT SOUL SOUR BOART BOART SOUR FOR SOUR FOR A SAME AND ART FOR A SAME AND A S
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
City & Stat	e	City & State			4. FEI Number
Zip	Country	Zip	Coun	try	5 Cartificate of Status Desired S5.00 Additional
	6. Name and Address of Current I	Registered Agent	J		7. Name and Address of New Registered Agent
مستنت وسيستن	V. Hame and Address of Ourient	negiotores Agent		-Name	
	NTICE-HALL CORPORATION SYSTE	EM, INC.		Street A	ddress (P.O. Box Number is Not Acceptable)
	'S STREET SSEE FL 32301		,		
77 4,22 4 4 4				City	FL Zip Code
8. The above	named entity submits this statement for	r the purpose of changing it	s registere	ed office or	registered agent, or both, in the State of Florida.
	·				
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	d Agent signati	re required when reinstating) DATE
	-	FILE N	ו זיישטו	FEE IS \$	700003910597—1 -03/26/01—01149—011
		Make Check P			-03/26/0101149011 *****50.00 *****50.00
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/CHANGES
TITLE	MGR	X Delete	TITLE		MGR Change X Addition MCHALE, ELAINE ROOM 3160A2, 295 N. MAPLE AVE BASKING RIDGE, NJ 07920 MGR Change X Addition
NAME OTREET ADORESS	WEBSTER, GEOFF		NAMI	E Et address	MCHALE, ELAINE
STREET ADDRESS   CITY-ST-ZIP	11921 FREEDOM DRIVE RESTON VA 20190			-ST-ZIP	ROOM 3160A2, 295 N. MAPLE AVE BASKING RIDGE, NJ 07920
TITLE	MGR	☐ Delete	TITLE		MGR Change Addition
NAME .	NOLAN, PAUL		NAMI		DESOCIO, WALTER
STREET ADDRESS	11921 FREEDOM DRIVE			ET ADDRESS -ST-ZIP	1230 PEACHTREE STREET, NE
CITY-ST-ZIP	RESTON VA 20190	☐ P-14-	TITLE		ATLANTA, CEORGIA 30309
NAME	MGR DORMAN, DAVID	Delete	~NAMI		MGK
STREET ADDRESS	1200 PEACHTREE STREET			ET ADDRESS	HARRIS, PATRICIA 900 ROUTE 202/206 NORTH
CITY-ST-ZIP	ATLANTA GA 30309	···	CITY-	-ST-ZIP	REDMINSTER N.I. 07021
TITLE	MGR	☐ Delete	TITLE		MGR Change Addition
NAME STREET ADDRESS	Martine, Cathy 412 Mt. Kemble Avenue		NAMI STRE	ET ADDRESS	WEIS, GARY
CITY-ST-ZIP	MORRISTOWN NJ 07960			-ST-ZIP	1230 PEACHTREE STREET, NE, 20th FLOOR
TITLE	MGR	☐ Delete	TITLE	-	ATLANTA, GEORGIA 30309  MGR  Change Addition
NAME	POLUMBO, JOHN		NAMI		DEGEORGE, STEVEN
STREET ADDRESS	75 WILLOW ROAD			ET ADDRESS - ST- ZIP	2020 K STREET, NW, 8th FLOOR
CITY-ST-ZIP	MENLO PARK CA 94025	☐ Delete			WASHINGTON, D.C. 20006 Change Addition
TITLE 🤾	MGR Hobbs, Neil	L43 Delete	TITLE NAMI		MGK 22
STREET ADDRESS	2727 PACES FERRY N.W., 15TH	FLOOR		ET ADDRESS	GALLAGHER, MICHELLE 11921 FREEDOM DRIVE
CITY-ST-ZIP	ATLANTA GA 30339		CITY	-ST-ZIP	RESTON, VIRCINIA 20190
indicated	on this report is true and accurate and	that my signature shall have	the same	e legal effe	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information at as if made under eath; that I am a managing member or manager of the
limited lia	bility company or the receiver or trustee	empowered to execute this	s report as	required b	y Chapter 608, Florida Statutes.