2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004088

ATLANTA, GA 30305

City-St-Zip:

FILED Apr 04, 2006 Secretary of State

Entity Name: THOROUGHBRED TECHNOLOGY AND TELECOMMUNICATIONS, LLC

Current Principal Place of Business: New Principal Place of Business: THREE COMMERCIAL PLACE THREE COMMERCIAL PLACE NORFOLK, VA 23510 C/O OFFICE OF CORPORATE SECRETARY NORFOLK, VA 23510 **Current Mailing Address: New Mailing Address:** THREE COMMERCIAL PLACE THREE COMMERCIAL PLACE C/O OFFICE OF CORPORATE SECRETARY NORFOLK, VA 23510 NORFOLK, VA 23510 FEI Number: 42-1671397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: MGR () Delete (X) Change () Addition CORRY, PETER R CLEVELAND, JAMES R JR Name: Name: THREE PIEDMONT CENTER, SUITE 150 Address: 1281 FULTON INDUSTRIAL BLVD Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: ATLANTA, GA 30336 Title: MGR () Delete Title: MGR (X) Change () Addition EARHART, CYNTHIA C Name: EARHART, CYNTHIA C Name: Address: THREE COMMERCIAL PLACE Address: 1200 PEACHTREE ST. NE City-St-Zip: NORFOLK, VA 23510 City-St-Zip: ATLANTA, GA 30309 Title: MGR () Delete Title: () Change () Addition HIXON, JAMES A Name: Name: Address: THREE COMMERCIAL PLACE Address: City-St-Zip: NORFOLK, VA 23510 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MCQUADE, KATHRYN B Name: THREE COMMERCIAL PLACE Address: Address: City-St-Zip: NORFOLK, VA 23510 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition MOORMAN, C. WICK MOORMAN, CW Name: Name: THREE COMMERCIAL PLACE THREE COMMERCIAL PLACE Address: Address: City-St-Zip: NORFOLK, VA 23510 City-St-Zip: NORFOLK, VA 23510 Title: () Delete Title: () Change () Addition RAVILLE STEPHENE Name: Name: Address: THREE PIEDMONT CENTER, SUITE 150 Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

City-St-Zip:

SIGNATURE: KATHRYN B. MCQUADE MGR 04/04/2006