2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P04000148999

Entity Name: TMS INFONET (USA) INC

Current Principal Place of Business:

8348 WARLIN DRIVE
JACKSONVILLE, FL 32216

New Principal Place of Business:

6675 CORPORATE CENTER PKWY
SUITE 350
JACKSONVILLE, FL 32216

Current Mailing Address:

8348 WARLIN DRIVE
JACKSONVILLE, FL 32216

New Mailing Address:

6675 CORPORATE CENTER PKWY
SUITE 350
JACKSONVILLE, FL 32216

FEI Number: 20-1822598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: JHA, SOM S
Address: 8348 WARLIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV ( ) Delete
Name: JHN, OM S
Address: 10901 BURNT MILL
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DC ( ) Change (X) Addition
Name: JHA, INDU S
Address: 6675 CORPORATE CENTER PKWY, STE 350
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOM JHA DPT 04/29/2005

Electronic Signature of Signing Officer or Director — Date