2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26541

Entity Name: BT AMERICAS INC.

FILED May 07, 2007 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
4TH FLOO	SON AVENUE R K, NY 10017	US						
Current Mailing Address:				New Mailir	New Mailing Address:			
2025 M STREET, NW, SUITE 450 ATTN: JAMIE NEWELL WASHINGTON DC, DC 20036 US				11440 COMMERCE PARK DRIVE ATTN: JAMIE NEWELL RESTON, VA 20190 US				
FEI Number:	13-3459785	FEI Number App	olied For() FEI	Number Not Appli	icable ()	Certificate of Status De	sired ()	
Name and	Address of C	urrent Register	red Agent:	Name and	Address of	New Registered Ager	nt:	
1201 HAYS TALLAHAS	SSEE, FL 3230	1 US	ement for the purpo	se of changing it	:s registered (office or registered age	ent, or both,	
in the State					-			
SIGNATUR		- O:)			Dete		
		•	Registered Agent			Date		
Election Can		Trust Fund Contr	rporation did not rece ibution ().	-		S TO OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () POL, CHUCK 350 MADISON A NEW YORK, NY			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () LEE, DAVID 11440 COMMER RESTON, VA 20			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CFOD () MCCAULEY, AN 350 MADISON A NEW YORK, NY	VE., 4TH FLR		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MORZORATI, ĹŊ	N AVENUE NORTH	ı	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	AS () NEWELL, JAMIE 2025 M STREET WASHINGTON D	NW		Title: Name: Address: City-St-Zip:	NEWELL, JAN	ERCE PARK DRIVE		
Title: Name: Address: City-St-Zip:	S () VERDERAME, K 2025 M STREET WASHINGTON D	NW		Title: Name: Address: City-St-Zip:	VERDERAMÈ,	ERCE PARK DRIVE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELLE GALLAGHER AS 05/07/2007