

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26541

Entity Name: BT AMERICAS INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

SUITE 400  
7301 NORTH STATE HIGHWAY 161  
SOUTH IRVING, TX 75039 US

**New Principal Place of Business:**

620 EIGHTH AVENUE  
NEW YORK, NY 10018 US

**Current Mailing Address:**

SUITE 400  
7301 NORTH STATE HIGHWAY 161  
SOUTH IRVING, TX 75039 US

**New Mailing Address:**

620 EIGHTH AVENUE  
NEW YORK, NY 10018 US

FEI Number: 13-3459785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCMANN, KIMBER  
Address: 620 EIGHTH AVENUE  
City-St-Zip: NEW YORK, NY 10018 US

Title: T  
Name: POPKO, MICHAEL  
Address: 11440 COMMERCE PARK DRIVE  
City-St-Zip: RESTON, VA 20191 US

Title: S  
Name: NEWELL, JAMIE  
Address: 7301 NORTH STATE HIGHWAY 161, STE. 400  
City-St-Zip: SOUTH IRVING, TX 75039

Title: VPD  
Name: BOVA, JOE  
Address: 620 EIGHTH AVENUE  
City-St-Zip: NEW YORK, NY 10018

Title: CFOD  
Name: ERHARDT, TOM  
Address: 620 EIGHTH AVENUE  
City-St-Zip: NEW YORK, NY 10018

I hereby 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 all other like empowered.

SIGNATURE: JAMIE NEWELL

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04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date