

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29123

FILED
Apr 20, 2009
Secretary of State

Entity Name: STRATOS COMMUNICATIONS, INC.

Current Principal Place of Business:

3300 CORPORATE AVENUE SUITE 108
MERIDIAN BUSINESS CAMPUS
WESTON, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

6550 ROCK SPRING DRIVE
SUITE 650
BETHESDA, MD 20817 US

New Mailing Address:

FEI Number: 65-0190513 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARM, JAMES J
Address: 6550 ROCK SPRING DRIVE, SUITE 650
City-St-Zip: BETHESDA, MD 20817 US

Title: DVPS () Delete
Name: HARRIS, RICHARD E
Address: 6550 ROCK SPRING DRIVE, SUITE 650
City-St-Zip: BETHESDA, MD 20817 US

Title: VPD () Delete
Name: PRENTICE, JOHN D
Address: 1201 LOUISIANA STREET, SUITE 520
City-St-Zip: BETHESDA, MD 20817 US

Title: VP () Delete
Name: STURGE, PAULA M
Address: 34 HARVEY ROAD, 4TH FLOOR, PARAMOUNT BLDG.
City-St-Zip: ST. JOHN'S., NF A1C2G1 CA

Title: VP () Delete
Name: MACKEY, JOHN M
Address: 6550 ROCK SPRING DRIVE, SUITE 650
City-St-Zip: BETHESDA, MD 20817 US

Title: T () Delete
Name: HOLDEN, WILLIAM H
Address: 34 HARVEY ROAD, 4TH FLOOR, PARAMOUNT BLDG.
City-St-Zip: ST. JOHNS, NF A1C2G1 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: PRENTICE, JOHN D
Address: 1201 LOUISIANA STREET, SUITE 520
City-St-Zip: HOUSTON, TX 77002 US

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

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

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

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: RICHARD E. HARRIS

DVPS

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date