2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 26 PM 4:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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06/26/03--01061--001 **558.75

DOCUMENT # P29123

1. Entity Name
STRATOS COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
MERIDIAN BUSINESS CAMPUS 3300 CORPORATE AVENUE., STE 108 WESTON, FL 33331 US	MERIDIAN BUSINESS CAMPUS 3300 CORPORATE AVENUE., STE 108 WESTON, FL 33331 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6901 Rockledge Dr. Suite, Apt. #, etc. Suite 900
City & State	City & State Bethesda, MD
Zip / Country	Zip 20817 / Country USA

4. FEI Number **65-0190513** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LLOYD, CARMEN L 6903 ROCKLEDGE DRIVE, STE. 1300 WEST BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Lloyd, Carmen L. 6901 Rockledge Dr., Suite 900 Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STURGE, PAULA M 6903 ROCKLEDGE DRIVE, STE. 1300 WEST BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Sturge, Paula M. 6901 Rockledge Dr., Suite 900 Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD OAKE, DAVID J 6903 ROCKLEDGE DRIVE, STE. 1300 WEST BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Oake, David J. 6901 Rockledge Dr., Suite 900 Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PARM, JAMES J 6903 ROCKLEDGE DRIVE, STE. 1300 WEST BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Parm, James J. 6901 Rockledge Dr., Suite 900 Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROE, ROBERT 6903 ROCKLEDGE DRIVE., STE 1300 WEST BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Roe, Robert 6901 Rockledge Dr., Suite 900 Bethesda, MD 20817	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT HOLDEN, WILLIAM H 6903 ROCKLEDGE DRIVE., STE 1300 WEST BETHESDA, MD 20817	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T/D Halka, Richard P. 6901 Rockledge Dr., Suite 900 Bethesda, MD 20817	☐ Change ☒ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Paul M. Kugelman, 24 June 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 301-214-8800 Daytime Phone #

jr 6/26

RIDER TO 2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

OFFICERS AND DIRECTORS

Title:	VP/S
Name:	Prentice, John
Street Address:	6901 Rockledge Dr., Suite 900
City-St-Zip:	Bethesda, MD 20817

Title:	VP
Name:	Mackey, John M.
Street Address:	6901 Rockledge Dr., Suite 900
City-St-Zip:	Bethesda, MD 20817

Title:	AT
Name:	Butt, Roger
Street Address:	6901 Rockledge Dr., Suite 900
City-St-Zip:	Bethesda, MD 20817

Title:	AS
Name:	Kugelman, Paul M.
Street Address:	6901 Rockledge Dr., Suite 900
City-St-Zip:	Bethesda, MD 20817