

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90039 016 ***150.00

DOCUMENT # P34294

1. Entity Name

EASYLINK SERVICES USA, INC.



Principal Place of Business

**33 KNIGHTSBRIDGE ROAD
PISCATAWAY NJ 08854
US**

Mailing Address

**33 KNIGHTSBRIDGE ROAD
PISCATAWAY NJ 08854
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

11-3025769

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: 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

TITLE **CEOP** ☐ Delete
NAME **MURAWSKI, THOMAS**
STREET ADDRESS **33 KNIGHTSBRIDGE ROAD**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE **CD** ☐ Delete
NAME **GORMAN, GERALD**
STREET ADDRESS **33 KNIGHTSBRIDGE ROAD**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE **VD** ☐ Delete
NAME **MACALUSO, PETER**
STREET ADDRESS **33 KNIGHTSBRIDGE ROAD**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE **SV** ☐ Delete
NAME **AMBROSIA, DAVID W**
STREET ADDRESS **33 KNIGHTSBRIDGE ROAD**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE **CFO** ☐ Delete
NAME **MCCLISTER, DEBRA**
STREET ADDRESS **33 KNIGHTSBRIDGE ROAD**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Vice President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Peter Macaluso **Peter Macaluso**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/04 732-652-3500