


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

02-22-2005 90018 021 ***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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		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: <i>Peter S. Macaluso Vice President</i>		DATE: <i>2/18/05</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CEOP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURAWSKI, THOMAS	NAME	
STREET ADDRESS	33 KNIGHTSBRIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY, NJ 08854	CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, GERALD	NAME	
STREET ADDRESS	33 KNIGHTSBRIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY, NJ 08854	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACALUSO, PETER	NAME	
STREET ADDRESS	33 KNIGHTSBRIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY, NJ 08854	CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMBROSIA, DAVID W	NAME	
STREET ADDRESS	33 KNIGHTSBRIDGE ROAD	STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY, NJ 08854	CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLISTER, DEBRA	NAME	<i>CFD Doyle Michael</i>
STREET ADDRESS	33 KNIGHTSBRIDGE ROAD	STREET ADDRESS	<i>33 Knightsbridge Rd.</i>
CITY-ST-ZIP	PISCATAWAY, NJ 08854	CITY-ST-ZIP	<i>PISCATAWAY NJ 08854</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Peter S. Macaluso</i>		DATE: <i>5/6/05</i>	
Signature and typed or printed name of signing officer or director		Date	
		Daytime Phone # <i>732-652-3702</i>	

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4. FEI Number 11-3025769 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required