

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90125 047 ***550.00

0145196 AB

DOCUMENT # P34294

1. Entity Name
EASYLINK SERVICES USA, INC.



Principal Place of Business
**399 THORNALL ST.
EDISON NJ 08837
US**

Mailing Address
**ATTENTION: CONTROLLER
399 THORNALL STREET
EDISON NJ 08837
US**



2. Principal Place of Business
33 Knightsbridge Rd.
Suite, Apt. #, etc.

3. Mailing Address
33 Knightsbridge Rd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PISCATAWAY NJ
Zip
08854 Country
USA

City & State
PISCATAWAY NJ
Zip
08854 Country
USA

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CEOP MURAWSKI, THOMAS 399 THORNALL ST. EDISON NJ 08837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORMAN, GERALD 399 THORNALL ST. EDISON NJ 08837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MACALUSO, PETER 399 THORNALL ST. EDISON NJ 08837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV AMBROSIA, DAVID W 399 THORNALL ST. EDISON NJ 08837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV MCCLISTER, DEBRA 399 THORNALL ST. EDISON NJ 08837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & President MURAWSKI, THOMAS 33 Knightsbridge Rd PISCATAWAY NJ 08854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GORMAN GERALD 33 KNIGHTSBRIDGE RD PISCATAWAY NJ 08854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. MACALUSO, Peter 33 Knightsbridge Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV, Ambrosia, David 33 KNIGHTS BRIDGE RD PISCATAWAY NJ 08854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFD MCCLISTER DEBRA 33 KNIGHTSBRIDGE RD PISCATAWAY NJ 08854 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 S. Macaluso **PETER S. MACALUSO** 9/2/03 732-652-3702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)