

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028088

1. Entity Name

TRESCOM U.S.A., INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90052 020 ***150.00

Principal Place of Business

Mailing Address

1700 OLD MEADOWS RD
3RD FLOOR
MCLEAN VA 22102
US

1700 OLD MEADOWS RD
3RD FLOOR
MCLEAN VA 22102-4302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0497000**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STANKEY, ROBERT
4601 SHERIDAN ST
6TH FLOOR
HOLLYWOOD FL 33021

Name **SLOTKIN, DAVID P.**
Street Address (P.O. Box Number is Not Acceptable)
4601 SHERIDAN ST
6TH FLOOR
City **HOLLYWOOD** **FL** Zip Code **33021**

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.

SIGNATURE *David P. Slotkin*
Signature, typed or printed name of registered agent and title if applicable.

DAVID P. SLOTKIN, SECRETARY

4/17/00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **STNGH, K. PAUL**
STREET ADDRESS **1700 OLD MEADOWS RD**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **PO** ☒ Change ☐ Addition
NAME **SINGH, K. PAUL**

TITLE **S** ☒ Delete
NAME **STANKEY, ROBERT**
STREET ADDRESS **4601 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **S** ☐ Change ☒ Addition
NAME **SLOTKIN, DAVID P.**
STREET ADDRESS **4601 SHERIDAN ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE **VP** ☐ Delete
NAME **DEPODESTA, JOHN**
STREET ADDRESS **1700 OLD MEADOWS RD**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **VP/D** ☒ Change ☐ Addition
NAME

TITLE **T** ☐ Delete
NAME **HAZAR, NEIL**
STREET ADDRESS **1700 OLD MEADOWS RD**
CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **T/D** ☒ Change ☐ Addition
NAME **HAZARD, NEIL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NEIL L. HAZARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00 **703-902-2800**

CR2E034 (9/99)