

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90006 049 ***150.00

DOCUMENT # P94000028088

1. Entity Name
TRESCOM U.S.A., INC.



Principal Place of Business

**1700 OLD MEADOWS RD
3RD FLOOR
MCLEAN, VA 22102 US**

Mailing Address

**1700 OLD MEADOWS RD
3RD FLOOR
MCLEAN, VA 22102 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0497000

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

**HAZARD, NEIL L
1300 SAWGRASS CORPORATE PKWY
SUITE 250
SUNRISE, FL 33323**

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

City **Tallahassee**

FL

Zip Code
32301

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

**Brian Courtney
Asst. V. Pres**

1/20/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE **T** ☐ Delete
NAME **HAZAR, NEIL**
STREET ADDRESS **1300 SAWGRASS CORPORATE PKWY-STE 250**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **VP/S** ☒ Change ☐ Addition
NAME **De Podesta, John F.**
STREET ADDRESS **1700 Old Meadows Rd**
CITY-ST-ZIP **McLean, VA 22102**

TITLE **T** ☒ Change ☐ Addition
NAME **Hazard, Neil L**
STREET ADDRESS **1700 Old Meadows Rd**
CITY-ST-ZIP **McLean, VA 22102**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil L. Hazard

Date

1/13/2004

Daytime Phone #

703-902-2800