

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

07-17-2002 90142 026 \*\*\*550.00

**DOCUMENT # P94000068108**

1. Entity Name

**LEAST COST ROUTING, INC.**

Principal Place of Business

**400 CLEVELAND STREET  
 SUITE 600  
 CLEARWATER FL 33755**

Mailing Address

**400 CLEVELAND STREET  
 SUITE 600  
 CLEARWATER FL 33755**

2. Principal Place of Business

**1700 OLD MEADOW RD**

3. Mailing Address

**1700 OLD MEADOW RD**

Suite, Apt. #, etc.

**3RD FLOOR**

Suite, Apt. #, etc.

**3RD FLOOR**

City & State

**MCLEAN VA**

City & State

**MCLEAN VA**

Zip

Country

**22102-4302**

Zip

Country

**22102-4302**

6. Name and Address of Current Registered Agent

**ALVAREZ, JESSICA**

**400 CLEVELAND STREET  
 SUITE 600  
 CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name

**EDWIN F. BLANTON, ESQ.**

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

**825 THOMASVILLE ROAD**

City

**TALLAHASSEE**

FL

Zip Code

**32303**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **CEO** ☐ Delete  
 NAME **SINGH, PAUL**  
 STREET ADDRESS **1700 OLD MEADOW RD., STE 300**  
 CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **P/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CFO** ☐ Delete  
 NAME **HAZARD, NEIL**  
 STREET ADDRESS **1700 OLD MEADOW RD., STE 300**  
 CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **T/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **DEPODESTA, JOHN**  
 STREET ADDRESS **1700 OLD MEADOW RD., STE 300**  
 CITY-ST-ZIP **MCLEAN VA 22102**

TITLE **VP/D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **GM** ☒ Delete  
 NAME **ALVAREZ, JESSICA**  
 STREET ADDRESS **400 CLEVELAND STREET**  
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **S** ☐ Change ☒ Addition  
 NAME **DANIELLE O. SAUNDERS**  
 STREET ADDRESS **1700 OLD MEADOW RD, 3RD FLOOR**  
 CITY-ST-ZIP **MCLEAN, VA 22102-4302**

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/2/2002**

**703-902-2800**

Date

Daytime Phone #

CR2E034 (4/02)