

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90537 038 ***150.00

DOCUMENT # P94000068108



1. Entity Name
LEAST COST ROUTING, INC.

Principal Place of Business
**1700 OLD MEADOW RD.. 3RD FLOOR
MC LEAN VA 22102-4302**

Mailing Address
**1700 OLD MEADOW RD.. 3RD FLOOR
SUITE 600
MC LEAN VA 22102-4302**

40018563



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3266693**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**BLANTON, EDWIN F ESQ.
825 THOMASVILLE RD.
TALLAHASSEE FL 32303**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SINGH, PAUL	
STREET ADDRESS	1700 OLD MEADOW RD., STE 300	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAZARD, NEIL	
STREET ADDRESS	1700 OLD MEADOW RD., STE 300	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEPEDESTA, JOHN	
STREET ADDRESS	1700 OLD MEADOW RD., STE 300	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAUNDERS, DANIELLE O	
STREET ADDRESS	1700 OLD MEADOWS RD., 3RD FLOOR	
CITY-ST-ZIP	MC LEAN VA 22102-4302	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED HAZARD 1/17/2003 703-902-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)