

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0313960

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90116 027 \*\*\*150.00

DOCUMENT # P94000082911

1. Corporation Name  
TRESKOM NETWORK SERVICES, INC.

Principal Place of Business  
200 E BROWARD BLVD.  
FT LAUDERDALE FL 33301

Mailing Address  
200 E BROWARD BLVD.  
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/14/1994

4. FEI Number: 65-0525168  
Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 1700 Old Meadow Rd

2a. Mailing Address  
26 1700 Old Meadow Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3rd Fl

27 3rd Fl

City & State

City & State

23 McLean VA

28 McLean, VA

Zip Country  
24 22102 25 US

Zip Country  
29 22102 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYANT ABNEY, CHAN  
200 EAST BROWARD BLVD  
STE 2100  
FT LAUDERDALE FL 33301

81 Name Robert Stankey  
82 Street Address (P.O. Box Number is Not Acceptable) 4601 Sheridan St.  
83 6th Fl  
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert Stankey  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME KARP, DOUGLAS  
STREET ADDRESS 200 E BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL 33301

1.1 TITLE President ☒ Change ☒ Addition  
1.2 NAME K. Paul Singh  
1.3 STREET ADDRESS 1700 Old Meadow Rd. 3rd Fl  
1.4 CITY-ST-ZIP McLean, VA 22102

TITLE D ☒ DELETE  
NAME KRESSEL, HENRY  
STREET ADDRESS 468 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10017

2.1 TITLE Secretary ☒ Change ☒ Addition  
2.2 NAME Robert Stankey  
2.3 STREET ADDRESS 4601 Sheridan St., 6th Fl.  
2.4 CITY-ST-ZIP Hollywood, FL 33021

TITLE CFO ☒ DELETE  
NAME PAQUIN, WILLIAM A  
STREET ADDRESS 200 E BROWARD BLVD.  
CITY-ST-ZIP FT LAUDERDALE FL 33301

3.1 TITLE Vice President ☒ Change ☒ Addition  
3.2 NAME John Depodesta  
3.3 STREET ADDRESS 1700 Old Meadow Rd., 3rd Fl.  
3.4 CITY-ST-ZIP McLean, VA 22102

TITLE S ☒ DELETE  
NAME SPOTO, ANGELINA  
STREET ADDRESS 200 E BROWARD BLVD, STE 2100  
CITY-ST-ZIP FT LAUDERDALE FL 33301

4.1 TITLE Treasurer ☒ Change ☒ Addition  
4.2 NAME Neil Hazard  
4.3 STREET ADDRESS 1700 Old Meadow Rd., 3rd Fl  
4.4 CITY-ST-ZIP McLean, VA 22102

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Stankey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Stankey 4/26/99  
Date

703 902 2876  
Daytime Phone #

CR2E034 (11/98)