

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082911

1. Entity Name

TRESCOM NETWORK SERVICES, INC.

Principal Place of Business

1700 OLD MEADOW RD.  
3RD FLR.  
MCLEAN VA 22102

Mailing Address

1700 OLD MEADOW RD.  
3RD FLR.  
MCLEAN VA 22102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0525168

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

SLOTKIN, DAVID P  
4601 SHERIDAN ST.  
6TH FLR.  
HOLLYWOOD FL 33021

Name

NEIL L. HAZARD

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

1300 SAWGRASS CORPORATE PARKWAY

SUITE #250

City

SUNRISE

FL

Zip Code  
33323

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

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

NEIL L. HAZARD TREASURER

(NOTE: Registered Agent signature required when reinstating)

4/16/2001

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, 2001 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 PD  
NAME SINGH, K. PAUL  
STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.  
CITY-ST-ZIP MCLEAN VA 22102 ☐ Delete

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

TITLE S  
NAME SLOTKIN, DAVID P  
STREET ADDRESS 4601 SHERIDAN ST., 6TH FLR.  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

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

TITLE VPD  
NAME DEPODESTA, JOHN  
STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.  
CITY-ST-ZIP MCLEAN VA 22102 ☐ Delete

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

TITLE TD  
NAME HAZARD, NEIL  
STREET ADDRESS 1700 OLD MEADOW RD., 3RD FLR.  
CITY-ST-ZIP MCLEAN VA 22102 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1300 SAWGRASS CORPORATE PARKWAY STE #250  
CITY-ST-ZIP SUNRISE FL 33323 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL HAZARD

Date

4/16/01

Daytime Phone #

703 902 2800

CR2E034 (10/00)