

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000099

**Entity Name:** PTGI INTERNATIONAL CARRIER SERVICES, INC.

**Current Principal Place of Business:**

4115 WISCONSIN AVENUE, NW  
SUITE 203  
WASHINGTON, DC 20016

**Current Mailing Address:**

4115 WISCONSIN AVENUE, NW  
SUITE 203  
WASHINGTON, DC 20016 US

**FEI Number: 26-1851410**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           WATTERS, DAVID  
Address        450 PARK AVENUE  
                  30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           CEO  
Name           DENSON, CRAIG  
Address        4115 WISCONSIN AVENUE, NW  
                  SUITE 203  
City-State-Zip: WASHINGTON DC 20016

Title           DIRECTOR  
Name           SENA, MICHAEL J.  
Address        450 PARK AVENUE  
                  30TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           SECRETARY  
Name           MELONI, ROBERT  
Address        4115 WISCONSIN AVENUE, NW  
                  SUITE 203  
City-State-Zip: WASHINGTON DC 20016

Title           CONTROLLER  
Name           MELONI, ROBERT  
Address        4115 WISCONSIN AVENUE, NW  
                  SUITE 203  
City-State-Zip: WASHINGTON DC 20016

Title           PRESIDENT  
Name           DENSON, CRAIG  
Address        4115 WISCONSIN AVENUE, NW  
                  SUITE 203  
City-State-Zip: WASHINGTON DC 20016

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CRAIG DENSON**

**PRESIDENT**

**05/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date