

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004809

Entity Name: JACOBS TELECOMMUNICATIONS INC.**Current Principal Place of Business:**299 MADISON AVE.
MORRISTOWN, NJ 07960**Current Mailing Address:**SHOVAN BAKSI, JACOBS HOUSE
RAMKRISHNA MANDIR ROAD, ANDHERI EAST
SHOVAN.BAKSI@JACOBS.COM
MUMBAI, MAHARASHTRA 400059 IN**FEI Number:** 22-3514442**Certificate of Status Desired:** Yes**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	PRESIDENT, DIRECTOR
Name	JOHNSON, WARD
Address	600 WILLIAM NORTHERN BLVD
City-State-Zip:	TULLAHOMA TN 37388

Title	TREASURER
Name	CARLIN, MICHAEL
Address	155 NORTH LAKE AVENUE
City-State-Zip:	PASADENA CA 91101

Title	VP
Name	WAKEMAN, RICHARD B
Address	600 WILLIAM NORTHERN BLVD
City-State-Zip:	TULLAHOMA TN 37388

Title	ASSISTANT SECRETARY
Name	REFINSKI, ELIZABETH A
Address	299 MADISON AVE.
City-State-Zip:	MORRISTOWN NJ 07960

Title	SECRETARY
Name	TYLER, MICHAEL R
Address	600 WILSHIRE BLVD SUITE 1000
City-State-Zip:	LOS ANGELES CA 90017

Title	VP, DIRECTOR
Name	MASSEY, J C
Address	5449 BELLS FERRY ROAD
City-State-Zip:	ACWORTH GA 30102

Title	ASSISTANT TREASURER
Name	GOLDFARB, JEFFREY MICHAEL
Address	1999 BRYAN STREET
City-State-Zip:	DALLAS TX 75201

Title	ASSISTANT SECRETARY
Name	KLINE, KIMBERLY
Address	525 W. MONROE
City-State-Zip:	CHICAGO IL 60661

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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: MICHAEL CARLIN**TREASURER****04/29/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VP
Name BUNDERSON, MICHAEL
Address 155 NORTH LAKE AVENUE
City-State-Zip: PASADENA CA 91101

Title ASSISTANT SECRETARY
Name WALTER, GARY
Address TWO ASH STREET, STE. 3000
City-State-Zip: CONSHOHOCKEN PA 19428

Title DIRECTOR
Name HAGEN, TERENCE D
Address 600 WILLIAM NORTHERN BLVD
City-State-Zip: TULLAHOMA TN 37388

Title ASSISTANT TREASURER
Name DUCKWORTH, LINDA P
Address 600 WILLIAM NORTHERN BLVD
City-State-Zip: TULLAHOMA TN 37388

Title VP
Name ALLEN, WILLIAM "BILLY" B
Address 1999 BRYAN STREET
City-State-Zip: DALLAS TX 75201