


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90105 019 ***150.00

DOCUMENT # F99000004356


1. Entity Name
360NETWORKS (USA) INC.



Principal Place of Business 867 COAL CREEK CIRCLE SUITE 160 LOUISVILLE, CO 80027 US	Mailing Address 867 COAL CREEK CIRCLE SUITE 160 LOUISVILLE, CO 80027 US
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DO NOT WRITE IN THIS SPACE

40001000



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1496451	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRASENE, ROB 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAY, GARY 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUSTATSON, RON 867 COAL CREEK CIRCLE, SUITE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MUELLER, CHRIS 867 COAL CREEK CIRCLE, SUITE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENNEHY, LIZA 867 COAL CREEK CIRCLE STE 160 LOUISVILLE, CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Amy Ray* **1-19-07** **303-854-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #