

1.) CORPORATION NAME:

**GLOBAL TEL\*LINK CORPORATION**

DUE DATE: **8/31/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
JAMES C BRINCEFIELD  
526 KING ST  
ALEXANDRIA, VA 22314**

SCC ID NO: **F1115536**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12021 SUNSET HILLS ROAD  
STE 100

CITY/ST/ZIP: RESTON, VA 20190-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEFFREY B HAIDINGER	
TITLE:	PRESIDENT	
ADDRESS:	12021 SUNSET HILLS RD, STE 100	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVE YOW	
TITLE:	CFO/T	
ADDRESS:	2609 CAMERON STREET	
CITY/ST/ZIP/CO:	MOBILE, AL 36607-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TERESA RIDGEWAY	
TITLE:	SECRETARY	
ADDRESS:	2609 CAMERON ST	
CITY/ST/ZIP/CO:	MOBILE, AL 36607-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT B MCKEON	
TITLE:	DIRECTOR	
ADDRESS:	12021 SUNSET HILLS ROAD SUITE 100	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RAMZI M MUSALLAM	
TITLE:	DIRECTOR	
ADDRESS:	12021 SUNSET HILLS ROAD SUITE 100	
CITY/ST/ZIP/CO:	RESTON, VA 20190-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUGH EVANS DIRECTOR 12021 SUNSET HILLS ROAD SUITE 100 RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF WEBBER DIRECTOR 12021 SUNSET HILLS ROAD SUITE 100 RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J CARELLA DIRECTOR 12021 SUNSET HILLS ROAD SUITE 100 RESTON, VA 20190-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JEFFREY B HAIDINGER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JEFFREY B HAIDINGER,</u> PRESIDENT PRINTED NAME AND CORPORATE TITLE	<u>8/16/2010</u> DATE
---	--	--------------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.