

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

**IDT Corporation**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1521261**

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	35,000,000
COMB	200,000,000
PREFER	10,000,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 520 BROAD ST

CITY/ST/ZIP: NEWARK, NJ 07102

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.

<p>NAME: JOYCE J MASON TITLE: EX VP/S ADDRESS: 520 BROAD ST CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: HOWARD S JONAS TITLE: CEO/CHAIRMAN ADDRESS: IDT CORPORATION 520 BROAD ST CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARCELO FISCHER TITLE: SVP-FINANCE ADDRESS: 520 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: SHMUEL JONAS TITLE: COO ADDRESS: 520 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: MITCH SILBERMAN TITLE: CAO/CONTROLLER ADDRESS: 520 BROAD STREET CITY/ST/ZIP/CO: NEWARK, NJ 07102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: LAWRENCE E BATHGATE II TITLE: DIRECTOR ADDRESS: ONE AIRPORT ROAD CITY/ST/ZIP/CO: LAKEWOOD, NJ 08701</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: ERIC F COSENTINO TITLE: DIRECTOR ADDRESS: 719 HUDSON AVENUE CITY/ST/ZIP/CO: PEEKSKILL, NY 10566	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BILL PEREIRA TITLE: DIRECTOR ADDRESS: 520 BROAD ST CITY/ST/ZIP/CO: NEWARK, NJ 07102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUDAH SCHORR TITLE: DIRECTOR ADDRESS: 2 RIVERCREST ROAD CITY/ST/ZIP/CO: BRONX, NY 10471	<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.

/s/ JOYCE J MASON	JOYCE J MASON, EX VP/S	8/19/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.