

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211515114

1.) CORPORATION NAME:

deltathree, Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1830803**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000,000
PREFER	25,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 224 WEST 35TH STREET
SUITE 1004

CITY/ST/ZIP: NEW YORK, NY 10001-2533

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.

NAME: EFRAIM BARUCH
TITLE: PRESIDENT
ADDRESS: 224 WEST 35TH STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10001-2533

OFFICER

DIRECTOR

NAME: ARIE RAND
TITLE: TREASURER
ADDRESS: 224 WEST 35TH STREET
SUITE 1004
CITY/ST/ZIP/CO: NEW YORK, NY 10001-2533

OFFICER

DIRECTOR

NAME: PETER FRIEDMAN
TITLE: SECRETARY
ADDRESS: 224 WEST 35TH STREET
SUITE 1004
CITY/ST/ZIP/CO: NEW YORK, NY 10001-2533

OFFICER

DIRECTOR

NAME: ROBERT STEVANOVSKI
TITLE: CHAIRMAN
ADDRESS: 349-L COPPERFIELD BLVD
SUITE 407
CITY/ST/ZIP/CO: CONCORD, NC 28025-

OFFICER

DIRECTOR

NAME: BRIAN FITZPATRICK
TITLE: DIRECTOR
ADDRESS: 1 KNIGHTRIDER STREET
CITY/ST/ZIP/CO: LONDON, EC4 5BT-, UNITED KINGDOM (GREAT BRITAIN)

OFFICER

DIRECTOR

NAME: DAVID STEVANOVSKI TITLE: DIRECTOR ADDRESS: 349-L COPPERFIELD BLVD SUITE 407 CITY/ST/ZIP/CO: CONCORD, NC 28025-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: COLLEEN JONES TITLE: DIRECTOR ADDRESS: 349-L COPPERFIELD BLVD SUITE 407 CITY/ST/ZIP/CO: CONCORD, NC 28025-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LIOR SAMUELSON TITLE: DIRECTOR ADDRESS: 1304 STAMFORD WAY CITY/ST/ZIP/CO: RESTON, VA 20194-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: J. LYLE PATRICK TITLE: DIRECTOR ADDRESS: 7347 HILL FOREST CITY/ST/ZIP/CO: DALLAS, TX 75230-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ANTHONY CASSARA TITLE: DIRECTOR ADDRESS: 125 CANAL LANDING BLVD CITY/ST/ZIP/CO: ROCHESTER, NY 14626-	<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/ PETER FRIEDMAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PETER FRIEDMAN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>7/13/2011</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.		