

1.) CORPORATION NAME:

deltathree, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1830803**

GLEN ALLEN, VA

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 Bridge Plaza

CITY/ST/ZIP: Fort Lee, NJ 07024

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1Bridge Plaza		
CITY/ST/ZIP/CO:	Fort Lee, NJ 07024		
NAME:	YOCHAI OZERI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1Bridge Plaza		
CITY/ST/ZIP/CO:	Fort Lee, NJ 07024		
NAME:	ROBERT STEVANOVSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	349-L COPPERFIELD BLVD		
CITY/ST/ZIP/CO:	SUITE 407 CONCORD, NC 28025		
NAME:	ANTHONY CASSARA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	125 CANAL LANDING BLVD		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14626		
NAME:	COLLEEN JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	349-L COPPERFIELD BLVD		
CITY/ST/ZIP/CO:	SUITE 407 CONCORD, NC 28025		
NAME:	J. LYLE PATRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7347 HILL FOREST		
CITY/ST/ZIP/CO:	DALLAS, TX 75230		

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: DAVID STEVANOVSKI TITLE: DIRECTOR ADDRESS: 349-L COPPERFIELD BLVD CITY/ST/ZIP/CO: SUITE 407 CONCORD, NC 28025	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Donna Reeves-Collins TITLE: DIRECTOR ADDRESS: 39 McCoord Woods Drive CITY/ST/ZIP/CO: Fairpoint, NY 14450	<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/ EFRAIM BARUCH	EFRAIM BARUCH, PRESIDENT	7/29/2013
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.		