

1.) CORPORATION NAME:

Arbinet Carrier Services, Inc.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1834870**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7901 JONES BRANCH DR Suite 900

CITY/ST/ZIP: McLeab, VA 22102-3316

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:	PETER D. AQUINO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7901 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 900 MCLEAN, VA 22102-3316		
NAME:	JOHN D FILIPOWICZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	7901 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 900 MCLEAN, VA 22102-3316		
NAME:	JAMES C. KEELEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/Treasurer		
ADDRESS:	7901 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 900 MCLEAN, VA 22102-3316		
NAME:	Andrea L Mancuso	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7901 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 900 MCLEAN, VA 22102-3316		
NAME:	RICHARD RAMLALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, CORP DEV		
ADDRESS:	7901 JONES BRANCH DRIVE		
CITY/ST/ZIP/CO:	SUITE 900 MCLEAN, VA 22102-3316		

NAME: Andrew Day TITLE: PRESIDENT ADDRESS: 7901 JONES BRANCH DRIVE SUITE 900 CITY/ST/ZIP/CO: MCLEAN, VA 22102-3316	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GERRY VANDERPOST TITLE: VICE PRESIDENT ADDRESS: 7901 JONES BRANCH DRIVE SUITE 900 CITY/ST/ZIP/CO: MCLEAN, VA 22102-3316	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CRAIG DENSON TITLE: VICE PRESIDENT ADDRESS: 7901 JONES BRANCH DRIVE SUITE 900 CITY/ST/ZIP/CO: MCLEAN, VA 22102-3316	<input checked="" type="checkbox"/> OFFICER <input 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/ JAMES C. KEELEY	JAMES C. KEELEY, VP/Treasurer	8/14/2012
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.		