



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 086059		2. Name of Corporation GLOBAL TEL*LINK CORPORATION			
3. Street Address Principal Business Office 2609 CAMERON STREET			City MOBILE	State AL	Zip 36607
4. Business Phone No. (800) 489-4500		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island PROVIDER OF TELECOMMUNICATION SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JEFFREY B. HAIDINGER			Vice President Name NOT APPLICABLE		
Street Address 12021 SUNSET HILLS ROAD, SUITE 100			Street Address		
City RESTON	State VA	Zip 20190	City	State	Zip
Secretary Name TERESA RIDGEWAY			Treasurer Name STEVE YOW		
Street Address 2609 CAMERON STREET			Street Address 2609 CAMERON STREET		
City MOBILE	State AL	Zip 36607	City MOBILE	State AL	Zip 36607
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK R. STONE			Director Name BRIAN D. OLIVER		
Street Address 2609 CAMERON STREET			Street Address 2609 CAMERON STREET		
City MOBILE	State AL	Zip 36607	City MOBILE	State AL	Zip 36607
Director Name JOSEPH P. PAGE			Director Name SCOTT M. HONOUR		
Street Address 2609 CAMERON STREET			Street Address 2609 CAMERON STREET		
City MOBILE	State AL	Zip 36607	City MOBILE	State AL	Zip 36607
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	COMMON	\$0.01	1000	COMMON	\$0.01
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED
Check No.	FEB 25 2008
By	By 2230
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: Janet Willis Date: 2/19/08
Print or Type Name: Janet Willis
Title: Attorney in fact