


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000004382**

1. Entity Name  
 IDT AMERICA, CORP.



Principal Place of Business  
 520 BROAD STREET  
 NEWARK, NJ 07102

Mailing Address  
 520 BROAD STREET  
 NEWARK, NJ 07102

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 22-3312697

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO JONAS, HOWARD S 520 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COURTER, JAMES A 520 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNOLLER, MARC E 520 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MASON, JOYCE J 520 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BROWN, STEPHEN R 520 BROAD STREET NEWARK, NJ 07102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000017036  
 01/28/04-80079-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce Mason 1/21/04 (973)-438-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #