2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90055 044 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # F01000006203

1. Entity Name
GLOBAL INTERNETWORKING, INC.

Principal Place of Business	Mailing Address
8605 WESTWOOD CENTER DR. VIENNA, VA 22182	C/O PATRICK D CROCKER, ATTORNEY 900 COMERICA BLDG KALAMAZOO, MI 49007

2. Principal Place of Business		3. Mailing Address	
8484 Westpark Dr			
Suite, Apt. #, etc. Ste 720		Suite, Apt. #, etc.	
City & State McLean VA		City & State	
Zip 22102	Country	Zip	Country

4. FEI Number 54-1913747 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT KEENAN, D. MICHAEL 8605 WESTWOOD CENTER DR., STE 300 VIENNA, VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Keenan D. Michael 8484 Westpark Dr. Ste 720 McLean VA 22102	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VECCHIO, TODD J 8605 WESTWOOD CENTER DR., STE 300 VIENNA, VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Vecchio, Todd J 8484 Westpark Dr. Ste 720 McLean VA 22102	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: D. Michael Keenan 703-442-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #