


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000002739 1. Entity Name POSLINK, INC.	
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Principal Place of Business 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191	Mailing Address 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3890290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCDONNELL, JOHN J JR. 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, BRIAN 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUDD, MATTHEW 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, JAMES T 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, EDWARD 11480 COMMERCE PARK DRIVE, SUITE 600 RESTON, VA 20191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/16/05-80052-025 150.00

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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)(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: ED O'Brien **ED O'BRIEN SVP/CONTROLLER** 1/18/05 (703) 453-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #