## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000009

Entity Name: IPRIMUS.COM, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1700 OLD MEADOW ROAD, 3RD FLOOR 7901 JONES BRANCH DRIVE MCLEAN, VA 221014302

STE 900

MCLEAN, VA 22102

**Current Mailing Address: New Mailing Address:** 

1700 OLD MEADOW ROAD, 3RD FLOOR 7901 JONES BRANCH DRIVE

MCLEAN, VA 221014302 STE 900

MCLEAN, VA 22102

FEI Number: 31-1675485 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

MCLEAN, VA 221014302

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

SINGH, K. PAUL SINGH, K. PAUL Name: Name:

1700 OLD MEADOW ROAD, 3RD FLOOR 7901 JONES BRANCH DRIVE Address: Address:

City-St-Zip: MCLEAN, VA 221014302 City-St-Zip: MCLEAN, VA 22102

**VDAS** Title: **VDAS** Title: () Delete (X) Change ( ) Addition

PODESTA, JOHN F Name: PODESTA, JOHN F Name:

1700 OLD MEADOW ROAD, 3RD FLOOR 7901 JONES BRANCH DRIVE Address: Address:

MCLEAN, VA 22102 MCLEAN, VA 221014302 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition TD ( ) Delete HAZARD, NEIL L KLOSTER, THOMAS R Name: Name:

1700 OLD MEADOW ROAD, 3RD FLOOR 7901 JONES BRANCH DRIVE Address: Address:

City-St-Zip: MCLEAN, VA 221014302 City-St-Zip: MCLEAN, VA 22102

Title: (X) Delete Title: () Change () Addition SCHWANTES, CHARLES W

Name: 1700 OLD MEADOW ROAD, 3RD FLOOR Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS KLOSTER Τ 04/26/2005