

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002825

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** XULON PRESS, INC.

**Current Principal Place of Business:**

10640 MAIN ST  
STE 204  
FAIRFAX, VA 22030

**New Principal Place of Business:**

380 CROWN OAK CENTER DRIVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

10640 MAIN ST  
STE 204  
FAIRFAX, VA 22030

**New Mailing Address:**

11350 RANDOM HILLS RD  
STE 800  
FAIRFAX, VA 22030

**FEI Number:** 31-1773220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOCHENBURGER, JAMES  
210 CROWN OAK CENTER DR  
LONGWOOD, FL 32750 US

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

KOCHENBURGER, JAMES  
380 CROWN OAK CENTER DR  
LONGWOOD, FL 32750 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: JAMES KOCHENBURGER

04/22/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: FREILING, THOMAS M  
Address: 3601 HILL ST.  
City-St-Zip: FAIRFAX, VA 22030

Title: DS ( ) Delete  
Name: FREILING, NANCY  
Address: 3601 HILL ST.  
City-St-Zip: FAIRFAX, VA 22030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 M FREILING

CPT

04/22/2005

Electronic Signature of Signing Officer or Director

Date