


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90014 030 \*\*\*150.00

<b>DOCUMENT # F03000002125</b>	
1. Entity Name XO DOMESTIC HOLDINGS, INC.	

Principal Place of Business 11111 SUNSET HILLS ROAD RESTON, VA 20190	Mailing Address 11111 SUNSET HILLS ROAD RESTON, VA 20190
--	--

**54032571**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

03112004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 91-2019476	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
--	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO DAVIS, NATHANIEL A 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BEGEMAN, GARY D 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALEMME, R. GERARD 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO REHBERGER, WAYNE M 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOTAR, TOM 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARAHAN, WILLIAM 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/CEO CARL J. GRIVNER 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/V LEE WEINER 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CHIEF TAX OFFICER</del> MICHAEL O'DAY 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/CFO WAYNE M. REHBERGER 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRISTI JUNG 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEN PRESTON 11111 SUNSET HILLS ROAD RESTON, VA 20190 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Wayne M. Rehberger WAYNE M. REHBERGER 3-22-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 703-547-2273