

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F03000002125

1. Entity Name

XO COMMUNICATIONS SERVICES, INC.



FILED

05 JUL -5 AM 9:20

SECRET
TALLAHASSEE



Principal Place of Business

11111 SUNSET HILLS ROAD
RESTON VA 20190

Mailing Address

11111 SUNSET HILLS ROAD
RESTON VA 20190

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

91-2019476

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDCE	<input type="checkbox"/> Delete
NAME	GRIVNER, CARL J	
STREET ADDRESS	11111 SUNSET HILLS RD.	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	SV	<input type="checkbox"/> Delete
NAME	WEINER, LEE	
STREET ADDRESS	11111 SUNSET HILLS RD.	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	CTO	<input checked="" type="checkbox"/> Delete
NAME	O'DAY, MICHAEL	
STREET ADDRESS	11111 SUNSET HILLS RD.	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	VDCF	<input type="checkbox"/> Delete
NAME	REHBERGER, WAYNE M	
STREET ADDRESS	11111 SUNSET HILLS ROAD	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	T	<input type="checkbox"/> Delete
NAME	JUNG, KRISTI	
STREET ADDRESS	11111 SUNSET HILLS RD.	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRESTON, BEN	
STREET ADDRESS	11111 SUNSET HILLS RD.	
CITY-ST-ZIP	RESTON VA 20190	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Acting Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simon Wu	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Exp. Sec. COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Benjamin A. Preston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-05

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 462349 5170236

AUTHORIZATION : *Patricia Pizante*

COST LIMIT : \$ 550.00

ORDER DATE : July 1, 2005

ORDER TIME : 9:56 AM

ORDER NO. : 462349-010

CUSTOMER NO: 5170236

CUSTOMER: Mr. Brian D. Howard
Xo Communications
11111 Sunset Hills Road
Reston, VA 20190

ANNUAL REPORT FILING

NAME: XO COMMUNICATIONS SERVICES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
05 JUL -5 AM 10:41
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA