

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000380

Entity Name: XOS TECHNOLOGIES, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

101 BILLERICA AVE.
BLDG. 7
N. BILLERICA, MA 01862

New Principal Place of Business:

Current Mailing Address:

101 BILLERICA AVE.
BLDG. 7
N. BILLERICA, MA 01862

New Mailing Address:

FEI Number: 59-3558793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: ATON, DANNY R
Address: 101 BILLERICA AVE.
City-St-Zip: N. BILLERICA, MA 01862

Title: T () Delete
Name: ABATE, MARK
Address: 101 BILLERICA AVE.
City-St-Zip: N. BILLERICA, FL 01862

Title: DCEO () Delete
Name: ECCCKER, RANDY
Address: 101 BILLERICA AVE.
City-St-Zip: N. BILLERICA, MA 01862

Title: D () Delete
Name: WYANT, JACK
Address: 101 BILLERICA AVE.
City-St-Zip: N. BILLERICA, MA 01862

Title: D () Delete
Name: WEISS, GEORGE
Address: 101 BILLERICA AVE.
City-St-Zip: N. BILLERICA, MA 01862

Title: P () Delete
Name: SIMMONS, BOB
Address: 101 BILLERICA AVE.
City-St-Zip: N. BILLERICA, MA 01862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated in Chapter 119, 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: DANNY ATON

Electronic Signature of Signing Officer or Director

DS

04/30/2009

Date