

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90305 025 \*\*\*158.75

**DOCUMENT # F99000003166**

1. Entity Name  
**XO LONG DISTANCE SERVICES, INC.**

Principal Place of Business <b>500 108TH AVE. N.E.                  SUITE 2200                  BELLEVUE WA 98004</b>	Mailing Address <b>500 108TH AVE. N.E.                  SUITE 2200                  BELLEVUE WA 98004</b>
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**816800**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1111 SUNSET HILLS RD.</b>	3. Mailing Address <b>1111 SUNSET HILLS RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>RESTON, VA</b>	City & State <b>RESTON, VA</b>

4. FEI Number **91-1957034** Applied For   
 Not Applicable

Zip <b>20190</b> Country <b>U.S.A.</b>	Zip <b>20190</b> Country <b>U.S.A.</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required <input type="checkbox"/>
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCE TRONS RUE, GEORGE M III 500 108TH AVE. N.E. BELLEVUE WA 98004</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS EASTER, R. BRUCE JR. 500 108TH AVE. N.E. BELLEVUE WA 98004</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTC ISKRA, KATHLEEN 500 108TH AVE. N.E. BELLEVUE WA 98004</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DANIELS, CHARLES P 500 108TH AVE. N.E. BELLEVUE WA 98004</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOICHL, JAN 500 108TH AVE. N.E. BELLEVUE WA 98004</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP SALEMME, R. GERARD 500 108TH AVE. N.E. BELLEVUE WA 98004</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPCEO NATHANIEL A. DAVIS 1111 SUNSET HILLS RD. RESTON, VA 20190</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVPS GARY D. BEGEMAN 1111 SUNSET HILLS RD. RESTON, VA 20190</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVPCFO WAYNE REYBERGER 1111 SUNSET HILLS RD. RESTON, VA 20190</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP R. GERARD SALEMME 1111 SUNSET HILLS RD. RESTON, VA 20190</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DOUG KINKOPH 1111 SUNSET HILLS RD. RESTON, VA 20190</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT NOELLE BEAMS 1111 SUNSET HILLS RD. RESTON, VA 20190</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Monifort  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD A. MONIFORT**  
 ASST. SECRETARY 1/23/01 703-547-2600  
 Date Daytime Phone #

CR2E034 (10/00)

Doc # F9900000 3/64

**XO LONG DISTANCE SERVICES, INC.**

**SLATE OF DIRECTORS**

Nathaniel A. Davis  
Gary D. Begeman  
Wayne Rehberger

**SLATE OF OFFICERS**

Nathaniel A. Davis	Chief Executive Officer & President
Gary D. Begeman	Senior Vice President, General Counsel & Secretary
R. Gerard Salemme	Senior Vice President, Regulatory and Legislative Affairs
Wayne Rehberger	Senior Vice President, Chief Financial Officer
Doug Kinkoph	Vice President, Regional Regulatory Officer
Noelle N. Beams	Vice President, Treasurer
Reese K. Feuerman	Vice President, Controller
Steve Ednie	Chief Tax Officer, Assistant Treasurer
Jeff Joyce	Assistant Treasurer
Richard A. Montfort	Assistant Secretary
Jay Hull	Assistant Secretary