2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 AM
Secretary of State

DOCUMENT# F99000003166

Entity Name: XO LONG DISTANCE SERVICES, INC.

Current Principal Place of Business:

1111 SUNSET HLLS ROAD
RESTON, VA 20190

New Principal Place of Business:

1111 SUNSET HILLS ROAD
4TH FLOOR
RESTON, VA 20190

Current Mailing Address:

1111 SUNSET HLLS ROAD
RESTON, VA 20190

New Mailing Address:

1111 SUNSET HLLS ROAD
4TH FLOOR
RESTON, VA 20190

FEI Number: 91-1957034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPCE	( ) Delete
Name:	DAVIS, NATHANIEL A	
Address:	1111 SUNSET HILLS ROAD	
City-St-Zip:	RESTON, VA 20190	
Title:	DSVP	( ) Delete
Name:	BEGEMAN, GARY D	
Address:	1111 SUNSET HILLS ROAD	
City-St-Zip:	RESTON, VA 20190	
Title:	DSVP	( ) Delete
Name:	REHBERGER, WAYNE	
Address:	1111 SUNSET HILLS ROAD	
City-St-Zip:	RESTON, VA 20190	
Title:	SVP	( ) Delete
Name:	SALEMME, R. GERARD	
Address:	1111 SUNSET HILLS ROAD	
City-St-Zip:	RESTON, VA 20190	
Title:	VP	( ) Delete
Name:	KINKOPH, DOUG	
Address:	1111 SUNSET HILLS ROAD	
City-St-Zip:	RESTON, VA 20190	
Title:	VPT	( ) Delete
Name:	BEAMS, NOELLE	
Address:	1111 SUNSET HILLS ROAD	
City-St-Zip:	RESTON, VA 20190	

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 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: GARY D. BEGEMAN DSVP 01/30/2002

Electronic Signature of Signing Officer or Director — Date