PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003942

1. Corporation Name

## **CXCHANGE CORPORATION**

Principal Place of Business

Mailing Address

5519-B HANLEY ROAD TAMPA FL 33634 5519-8 HANLEY ROAD TAMPA FL 33634 FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 07/30/1999 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 54-1767922 City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directive) Name of Officers and/or Directors -10/24/00--\*\*\*\*600.990 Street Address of Each Officer and/or Director Title(s) 8201 GREENSBORO DRIVE, SUITE 215 MCLEAN VA 22102 FINLAND, BRUCE PC MCLEAN VA 22102 8201 GREENSBORO DRIVE, SUITE 215 SD SCHLENKER, HENRY MCLEAN VA 22102 8201 GREENSBORO DRIVE, SUITE 215 D COLES, JESSE DR D PHELPS, EDWIN 8201 GREENSBORO DRIVE, SUITE 215 MCLEAN VA 22102 D JENKINS, GEORGE 8201 GREENSBORO DRIVE, SUITE 215 MCLEAN VA 22102 8201 GREENSBORO DRIVE, SUITE 215 MCLEAN VA 22102 D HIRSCHFIELD, THOMAS 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET <del>900003436935--</del> Suite, Apt. #, Etc. TALLAHASSEE FL 32301-2525 10/24/00--01067--026 Olstate Pzipobad. 00 City 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 2000 Signature of BRIAN COURTNEY, ASST. V.P. Registered Agent REGISTERED AGENT MUST SIGN QS 1 to agent

11. I certify that am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPES OF REPORTED HAVE OF SIGNING OFFICER OR DIRECTOR

10/15/00 (703)790-6145

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