

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000228655

**Entity Name:** XATOR LLC

**Current Principal Place of Business:**

1835 ALEXANDER BELL DR, SUITE 210  
RESTON, VA 20191

**Current Mailing Address:**

16055 SPACE CENTER BLVD STE 725  
ATTN: CAROLYN MCPEAK  
HOUSTON, TX 77062 US

**FEI Number:** 90-0243400

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title CFO  
Name HOLLY FREEDLANDER  
Address 1835 ALEXANDER BELL DR, SUITE 210  
City-State-Zip: RESTON VA 20191

Title MANAGER, EXEC VP  
Name KOLLOWAY, MICHAEL R  
Address 1422 S. TRYON ST. STE. 800  
City-State-Zip: CHARLOTTE NC 28203

Title MANAGER, EXEC VP  
Name OFILOS, MATTHEW  
Address 14291 PARK MEADOW DR. STE. 100  
City-State-Zip: CHANTILLY VA 20151

Title PRESIDENT  
Name MORETTA, JON  
Address 2200 WEST LOOP S. STE 200  
City-State-Zip: HOUSTON TX 77027

Title SECRETARY  
Name RADIN, MARC S  
Address 100 WEST WALNUT ST.  
City-State-Zip: PASADENA CA 91124

Title TREASURER  
Name SCHREIMAN, DAVID E  
Address 5875 TRINITY PKWY STE 140  
City-State-Zip: CENTREVILLE VA 20120

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL R KOLLOWAY

**MANAGER**

**03/20/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date