FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -7 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000962 (0)**

1. Corporation Name

LORAL FEDERAL SYSTEMS COMPANY

Principal Place of Business	Mailing Address
6600 ROCKLEDGE DR. BETHESDA MD 20817	6600 ROCKLEDGE DR. BETHESDA MD 20817

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/25/1994

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

4. FEI Number: 13-3751580 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:

City & State — 28:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:

Zip — 29: Country — 30:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Assistant Treasurer	☐ Change ☒ Addition
NAME	LANZA, FRANK C	12 NAME	Kenneth R. Goldstein	
STREET ADDRESS	600 THIRD AVE.	13 STREET ADDRESS	600 Third Av	
CITY-ST-ZIP	NEW YORK NY 10016	14 CITY-ST-ZIP	New York, NY 10016-2065	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	DEBLASIO, MICHAEL B	22 NAME		
STREET ADDRESS	600 THIRD AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	24 CITY-ST-ZIP		
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	LAPENTA, ROBERT V	32 NAME		
STREET ADDRESS	600 THIRD AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	34 CITY-ST-ZIP		
TITLE	VSD	41 TITLE		☐ Change ☐ Addition
NAME	TARGOFF, MICHAEL B	42 NAME		
STREET ADDRESS	600 THIRD AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	44 CITY-ST-ZIP		
TITLE	VT	51 TITLE		☐ Change ☐ Addition
NAME	MOREN, NICHOLAS C	52 NAME		
STREET ADDRESS	600 THIRD AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	54 CITY-ST-ZIP		
TITLE	VASD	61 TITLE		☐ Change ☐ Addition
NAME	ZAHLER, ERIC J	62 NAME		
STREET ADDRESS	600 THIRD AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10016	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: [signature] Kenneth R Goldstein 3/6/95 2126871105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number #

0474763 FP