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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90005 026 ***550.00

DOCUMENT # F97000002427 1. Corporation Name

PANAMSAT CORPORATION

Dala sis at Diseas of Business

Principal Plac	ce of Business	Mailing Address	Mailing Address								
ONE PICKWICK PLAZA GREENWICH CT 06830		ONE PICKWICK PLAZA GREENWICH CT 06830									
		GILLIMINOT OF BOOK				DO NOT WE	RITE IN THIS	SPACE	Ξ		
						3. Date Incorporated or Qualife	d				
						05/07/1997					
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For				
21	26				_	95-4607698		Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired					
22	_	27	r]			3. Certificate of Status Desired		F€	ee Rec	quired	
	City & State City & State					6. Election Campaign Financing			\$5.00 May Be		
23						Trust Fund Contribution Added to Fees					
Zip	Country Zip Co			Country 8. This corporation owes the current year			-				
24	25 29 30					Personal Property Tax.					
Name and Address of Current Registered Agent					10. Name and Address of New Registe						
005	DODATION CEDIACE COMPANY	•		81	Name						
CORPORATION SERVICE COMPANY			ţ	82	Street	Address (P.O. Box Number is Not Accep	table)				
1201 HAYS STREET											
IALI	LAHASSEE FL 32301-2525			83							
			,	84	City			85	Zip C	ode	
					•	F <u>L</u>					
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the at	ove	-named	corporation submits this statement for the	e purpose of o	hangir	ng its r	registered	
office or a	registered agent, or both, in the State am familiar with, and accept the oblig	∍ of Florida. Such change was a lations of, Section 607,0505, Flo	utnorizeu irida Statu	Dy ι Ites.	the corpu	oration's board of directors. I hereby acc	sbi iiia abbo	Unen.	112 1 CA	Istereu	
		, , , , , , , , , , , , , , , , , , , ,				•					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	Agent	t signature n	required when reinstating)	DATE				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN				
TITLE	PCD DELETE 1.1		1.1 107	1.1 TITLE .		President		Cha	ange	Addition	
NAME	LANDMAN, FREDERICK A		1.2 NA	1.2 NAME		R. Douglas Kahnala one Dickwick Pla	2 4				
STREET ADDRESS	ONE PICKWICK PLAZA		1.3 ST		ADDRESS		20C				
CITY-ST-ZIP	GREENWICH CT 06830	,	1.4 CIT		-ZIP	Greenwich CT 06	<u>830 </u>				
TITLE	EVP	DELETE	2.1 TIT	LE				☐ Cha	ange	☐ Addition	
NAME	SARALEGUI, LOURDES		2.2 NA	2.2 NAME		Į.					
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS							
CITY-ST-ZIP	GREENWICH CT 06830	,	2. 4 CITY-5		r-zi p			·			
TITLE	EVP	DELETE		3.1 TITLE				Cha	ange	Addition	
NAME	BROWN, CARL A		3.2 NA	3.2 NAME							
STREET ADDRESS	ONE BIOLOGICAL BLAZA		3.3 ST	3.3 STREET AD							
CITY-ST-ZIP	GREENWICH CT 06830			3.4. CITY-ST-ZIP		}					
TITLE	EVPC	☐ DELETE		4.1 TITLE				[] Cha	ange	Addition	
NAME	HEINTZ. KENNETH N		1	4. 2 NAME		[,	
STREET ADDRESS	ONE BIOLOMON BLAZE		4.3 STREET		ADDRESS						
	GREENWICH CT 06830		4.4 CfT								
CITY-ST-ZIP TITLE	SVPC	☐ DELETE	5.1 TIT		-ZIP	EVPC		Ta Cha	ange	Addition	
	1		5.2 NA			LVIC					
NAME	BEDNAREK, ROBERT				ADDRESS						
STREET ADDRESS	ONE PICKWICK PLAZA		5.3 5 11	KEEL	AUURESS						

CITY-ST-ZIP 14. 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 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 affachment with an address, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

EVPC

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

GREENWICH CT 06830

CUMINALE, JAMES W

ONE PICKWICK PLAZA

GREENWICH CT 06830

SVGS

QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Addition