

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P41128 (0)

95 APR -5 PM 2:08

1. Corporation Name
LORAL VOUGHT SERVICES, INC.

Principal Place of Business Mailing Address
**ATTN: TAX DEPARTMENT
P.O. BOX 650003
DALLAS TX 75265-0003**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/21/1992	05/26/1994
22		27		4. FEI Number	Applied For
23		28		13-3678280	Not Applicable
24		25		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29		30		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
31		32		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 tax if applicable. NOTE: Registered Agent signature required when installing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, B.L.	1.2 NAME	
STREET ADDRESS	944 FIFTH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZA, F.C.	2.2 NAME	
STREET ADDRESS	37 MURRAY HILL ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SCARSDALE NY	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSSELMAN, J.A.	3.2 NAME	
STREET ADDRESS	1317 CARTWRIGHT	3.3 STREET ADDRESS	
CITY - ST - ZIP	CEDAR HILL TX	3.4 CITY - ST - ZIP	
TITLE	SRVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXEL, G.D.	4.2 NAME	
STREET ADDRESS	8711 NANTUCKET LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON TX	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA PENTA, ROBERT V	5.2 NAME	
STREET ADDRESS	749 RIVERSVILLE RD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GREENWICH CT 06831	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this original 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 checked, or on an attachment with an address.

SIGNATURE: *G.D. Troxel* 3-27-95 214-603-0278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
G.D. TROXEL SENIOR V.P. & CFO