

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000002523

**Entity Name:** VIASAT, INC.**Current Principal Place of Business:**6155 EL CAMINO REAL  
CARLSBAD, CA 92009**Current Mailing Address:**6155 EL CAMINO REAL  
CARLSBAD, CA 92009**FEI Number:** 33-0174996**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title CHAIRMAN  
Name DANKBERG, MARK D  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title DIRECTOR  
Name STENBIT, JOHN  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title DIRECTOR, PRESIDENT  
Name BALDRIDGE, RICHARD A  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title SECRETARY  
Name BLAIR, ROBERT  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title DIRECTOR  
Name JOHNSON, ROBERT  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title DIRECTOR  
Name PAK, SEAN  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title CFO, TREASURER  
Name DUFFY, SHAWN  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

Title DIRECTOR  
Name WISE, THERESA  
Address 6155 EL CAMINO REAL  
City-State-Zip: CARLSBAD CA 92009

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*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT BLAIR****SECRETARY****04/20/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	RAO, VARSHA
Address	6155 EL CAMINO REAL
City-State-Zip:	CARLSBAD CA 92009