

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000588

**Entity Name:** MAXAR MISSION SOLUTIONS INC.

**Current Principal Place of Business:**

2325 DULLES CORNER BLVD.  
SUITE 1000  
HERNDON, VA 20171

**Current Mailing Address:**

1300 W. 120TH AVENUE  
WESTMINSTER, CO 80234 US

**FEI Number:** 20-2909698

**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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FRAZIER, LEON ANTHONY  
Address        1300 W. 120TH AVENUE  
City-State-Zip: WESTMINSTER CO 80234

Title            ASST. SECRETARY  
Name            LAMM, PATRICIA  
Address        2325 DULLES CORNER BLVD.  
                  SUITE 1000  
City-State-Zip: HERNDON VA 20171

Title            DIRECTOR, VP  
Name            REHOVICH, RANDY  
Address        2325 DULLES CORNER BLVD.  
                  SUITE 1000  
City-State-Zip: HERNDON VA 20171

Title            DIRECTOR, VP  
Name            ROBERTSON, E JEFF  
Address        1300 W. 120TH AVENUE  
City-State-Zip: WESTMINSTER CO 80234

*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: PATRICIA A LAMM

ASSISTANT SECRETARY    04/07/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date