

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000002830

**Entity Name:** SAT-7 NORTH AMERICA INC.

**Current Principal Place of Business:**

29509 CANVASBACK DR STE 205  
EASTON, MD 21601

**Current Mailing Address:**

PO BOX 2770  
EASTON, MD 21601-8952

**FEI Number:** 23-2964829

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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            ROGERS, REX M.  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            TREASURER  
Name            SCHIFFERDECKER, MARK  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            VP  
Name            THOMAS, RUTH S  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            VP  
Name            FRICK, JOHN  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            SECRETARY  
Name            JONES, DAVID  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            CHAIR  
Name            SCHULZE, PETER B.  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            DIRECTOR  
Name            GILLIS, VICKI  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            DIRECTOR  
Name            RIGGS, JUDSON  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

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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:** RUTH S THOMAS

**VICE PRESIDENT**

**04/05/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            CANADA, JERRY  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601

Title            DIRECTOR  
Name            CARL, TROY  
Address        29509 CANVASBACK DR STE 205  
City-State-Zip: EASTON MD 21601