FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **816562** **(3)**

1. Corporation Name
LORAL CORPORATION

Principal Place of Business	Mailing Address
600 THIRD AVE. NEW YORK NY 10016-8903	600 THIRD AVE. NEW YORK NY 10016-8903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1962**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **13-1718360**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 10016-2065 / Country 25	Zip 29: 10016-2065 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when name changes) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	LANZA, FRANK C.	12 NAME	
STREET ADDRESS	600 THIRD AV	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GITTIS, HOWARD	22 NAME	
STREET ADDRESS	600 THIRD AV	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	STEIN MCMEEKIN, LISA	32 NAME	
STREET ADDRESS	600 THIRD AV	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	34 CITY-ST-ZIP	
TITLE	VS	41 TITLE	☐ Change ☐ Addition
NAME	TARGOFF, MICHAEL B.	42 NAME	
STREET ADDRESS	600 THIRD AV	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	JACKSON, STEPHEN L	52 NAME	
STREET ADDRESS	600 THIRD AV	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	DEBLASIO, MICHAEL P.	62 NAME	
STREET ADDRESS	600 THIRD AV	63 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: _____ 4/27/95 212697116US
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Internal Control #)
Lisa Stein McMeekin

0390770 FP