

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90014 022 \*\*\*150.00

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| <b>DOCUMENT # F00000000051</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                              |                                     |                                                                                                                                                                                   |
| 1. Entity Name<br><b>MOTIENT COMMUNICATIONS INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              |                                                                                                                      |                                                                                                                                                                                   |
| Principal Place of Business<br><b>10802 PARKRIDGE BOULEVARD<br/>RESTON, VA 20191</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                              | Mailing Address<br><b>300 KNIGHTSBRIDGE PARKWAY<br/>LINCOLNSHIRE, IL 60069</b>                                       |                                                                                                                                                                                   |
| 2. Principal Place of Business<br><b>300 Knightsbridge Pkwy</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                            |                                                                                                                                                                                   |
| City & State<br><b>Lincolnshire, IL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | City & State                                                                                                         |                                                                                                                                                                                   |
| Zip<br><b>60069</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country                                                                                                                      | Zip                                                                                                                  | Country                                                                                                                                                                           |
| 4. FEI Number<br><b>36-3983833</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable                                                               |                                                                                                                                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              | \$8.75 Additional Fee Required                                                                                       |                                                                                                                                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              | 7. Name and Address of New Registered Agent                                                                          |                                                                                                                                                                                   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              | NAME<br>STREET ADDRESS (P.O. Box Number is Not Acceptable)<br>CITY<br><b>FL</b> Zip Code                             |                                                                                                                                                                                   |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                              | DATE                                                                                                                 |                                                                                                                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees      |                                                                                                                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                |                                                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CP - <i>Vice President</i> <input type="checkbox"/> Delete<br>MATHESON, DENNIS<br>10802 PARK RIDGE BLVD.<br>RESTON, VA 10802 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | V <input checked="" type="checkbox"/> Delete<br>ABBRUZZE, JARED<br>10802 PARK RIDGE BLVD.<br>RESTON, VA 10802                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | <i>Director</i><br>Gerald Kitter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>300 Knightsbridge Pkwy<br>Lincolnshire, IL 60069                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VP <input checked="" type="checkbox"/> Delete<br>TIKKALA, PATRICIA<br>10802 PARK RIDGE BLVD.<br>RESTON, VA 10802             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | <i>VP</i><br>Richard Crawford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>300 Knightsbridge Pkwy<br>Lincolnshire, IL 60069                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VT <input checked="" type="checkbox"/> Delete<br>CROFT, DANIEL<br>10802 PARKRIDGE BOULEVARD<br>RESTON, VA 20191              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | <i>CEO &amp; Treasurer</i><br>Christopher Downie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>300 Knightsbridge Pkwy<br>Lincolnshire, IL 60069 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | <i>Director</i><br>Steven Singer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>300 Knightsbridge Pkwy<br>Lincolnshire, IL 60069                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                       | <i>Director</i><br>Peter Aquino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>300 Knightsbridge Pkwy<br>Lincolnshire, IL 60069                  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. |                                                                                                                              |                                                                                                                      |                                                                                                                                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                              | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>Christopher Downie</b> 4/20/04 847-478-4287 |                                                                                                                                                                                   |