

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90222 039 ***150.00

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04082005 Chg-P CR2E034 (10/03)

DOCUMENT # F00000000051 1. Entity Name MOTIENT COMMUNICATIONS INC.					
Principal Place of Business 300 KNIGHTS BRIDGE PKWY LINCOLNSHIRE, IL 60069			Mailing Address 300 KNIGHTSBRIDGE PARKWAY LINCOLNSHIRE, IL 60069		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 36-3983833			Applied For <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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	CP MATHESON, DENNIS 10802 PARK RIDGE BLVD. RESTON, VA 10802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bonders, James 300 Knightsbridge Pkwy Lincolnshire, IL 60061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITTNER, GERALD 300 KNIGHTS BRIDGE PKWY LINCOLNSHIRE, IL 60069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	St John, Jonelle 300 Knightsbridge Pkwy Lincolnshire, IL 60069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAWFORD, RICHARD 300 KNIGHTS BRIDGE PKWY LINCOLNSHIRE, IL 60069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Williams, Barry 300 Knightsbridge Pkwy Lincolnshire, IL 60061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT DOWNIE, CHRISTOPHER 300 KNIGHTS BRIDGE PKWY LINCOLNSHIRE, IL 60069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Steele, Roy 300 Knightsbridge Pkwy Lincolnshire, IL 60061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEL, STEVEN 300 KNIGHTS BRIDGE PKWY LINCOLNSHIRE, IL 60069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Singer, Steven 300 Knightsbridge Pkwy Lincolnshire	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUINO, PETER 300 KNIGHTS BRIDGE PKWY LINCOLNSHIRE, IL 60069	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	myrna Newman 300 Knightsbridge Pkwy Lincolnshire, IL 60061	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: MYRNA J. NEWMAN 4-11-05 (847) 478-4287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CONTROLLER, CAO, PFO					