

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005969

1. Entity Name  
EXOSTAR CORPORATION

Principal Place of Business  
C/O ANDERSON CONSULTING  
11951 FREEDOM DRIVE  
RESTON VA 20190

Mailing Address  
C/O ANDERSON CONSULTING  
11951 FREEDOM DRIVE  
RESTON VA 20190

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP 25 AM 11:40



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
13530 Dulles Technology Dr.

3. Mailing Address  
13530 Dulles Technology Drive

Suite, Apt. #, etc.  
Suite 200

Suite, Apt. #, etc.  
Suite 200

City & State  
Herndon, VA

City & State  
Herndon, VA

4. FEI Number  
54-1998959

Applied For  
Not Applicable

Zip  
20171

Country  
USA

Zip  
20171

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SWANSON, KENT L  
11951 FREEDOM DRIVE  
RESTON VA 20190 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000004618280  
-10/01/01--01068--007  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
POSSENRIEDE, KENNETH R  
11951 FREEDOM DRIVE  
RESTON VA 20190 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
Ken Possenriede  
Exostar LLC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DUKE, PHILIP J  
6801 ROCKLEDGE DRIVE  
BETHESDA MD 20817 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
13530 Dulles Technology Drive  
Suite 200  
Herndon, VA 20171 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PALMER, JAMES  
6801 ROCKLEDGE DRIVE  
BETHESDA MD 20817 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BADE, W. CHRISTOPHER  
141 SPRING STREET  
LEXINGTON MA 02421 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RICE, TONY  
WARWICK HOUSE, P.O. BOX 87  
FARNBOROUGH, HAMPSHIRE, U.K. ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
SP

13. 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 11 or Block 12 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

0132699 AT

CR2E034 (5/01)