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CORPORATION(S) NAME

Hughes Network Systems, In	c.		
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	//)		- · -
	X		
(A)Profit	() Amendment	() Merger	
() Nonprofit			
Foreign	() Dissolution/Withdrawal	() Mark	
() T:=::-1 D1:	() Reinstatement	<u></u>	
() Limited Partnership	() Annual Report	() Other	
()LLC	() Name Registration	() Change of RA	
	() Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS 20 20 C	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(v) Pick IIn SSY	
() Mail Out		(x) Pick Up	
		123	
Name	12/26/01	Order#: 4995978	
Availability		Λ.,	
Document	\$94. S. II	Cb	
Examiner		Ref#:	
Updater			
Verifier			
W.P. Verifier		Amount: \$	
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 000004740410--8 -12/27/01--01004--019 ******70.00 ******70.00

TRANSMITTAL LETTER

TO:	Registration Sec Division of Corp			OF DEC 26 M. B. H.
CITR	JECT: Hughes Net	work Systems, Inc.		题分四
SOD.	JEC1: Hughes Nee		ation - must include suffix)	事業の
Dear :	Sir or Madam:	· •	·	STATE STATE
"Certi	nclosed "Application ificate of Existence resact business in Fl	", and check are submitted	for Authorization to Transact to register the above referenc	Business in Florida",
Please	e return all correspo	ondence concerning this ma	tter to the following:	
		(Name	e of Person)	
		(Firm/	Company)	
		(A	ddress)	
		(City/Sta	ite and Zip code)	•
For fu	urther information of	concerning this matter, pleas	se call:	
	OI	at () ea Code & Daytime Telephor	na Numbar)
	(Name of Perso	n) (Ar	ea Code & Daytime Telephol	ne Number)
Regis Divis 409 E	EET ADDRESS: stration Section ion of Corporations L. Gaines St. hassee, FL 32399	3	MAILING ADDRESS: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	
Enclo	osed is a check for t	he following amount:		
□ \$7	0.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

0.

Hughes Netwo	rk Systems, Inc.				
words or abbrev	oration; must include the word "INCORPOR viations of like import in language as will cleor partnership if not so contained in the name	early	indicate that it is a corporation instead of a		
Delaware		-	22 200 0000		
(State or count	ry under the law of which it is incorporated)		(FEI number, if applicable)		
01/01/2002		5.	Perpetual		
(Dat	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")		
01/01/2002					
	(SEE SECTIONS 607.1		transacted business in Florida, insert "upon qualification."), 607.1502 and 817.155, F.S.)		
11717 Explora	tion Lane, Germantown, MD 20876 (Principal office	والمارة	racc)		
	(Finicipal office	auu	icos)		
same	(Current mailing	add:	react)		
	(Current maning	auu	1035)		
See Attachmen	nt				
		or co	ountry to be carried out in state of Florida)		
(Purpose	(s) of corporation authorized in home state of				
(Purpose	(s) of corporation authorized in home state of		ountry to be carried out in state of Florida) (P.O. Box or Mail Drop Box NOT acceptable)		
(Purpose	(s) of corporation authorized in home state of				
(Purpose Name and st	(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System				
(Purpose Name and st	(s) of corporation authorized in home state of reet address of Florida registered age				
(Purpose Name and st	(s) of corporation authorized in home state of reet address of Florida registered age: CT Corporation System 1200 South Pine Island Road Plantation		(P.O. Box or Mail Drop Box NOT acceptable), Florida 33324		
(Purpose Name and st	(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System 1200 South Pine Island Road		(P.O. Box or Mail Drop Box NOT acceptable)		
(Purpose Name and st	(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System 1200 South Pine Island Road Plantation (City)		(P.O. Box or Mail Drop Box NOT acceptable), Florida 33324		
(Purpose Name and st Name: Office Address:	(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance:	nt:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code)		
(Purpose Name and st Name: Office Address: O. Registered taving been natesignated in th	c(s) of corporation authorized in home state of reet address of Florida registered ages. C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appoint	servi	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324		
(Purpose Name and st Name: Office Address: O. Registered Laving been na- esignated in the urther agree to	c(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the application of all status	ent:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324		
Purpose Name and st Name: Office Address: Registered Laving been namesignated in the curther agree to	c(s) of corporation authorized in home state of reet address of Florida registered ages. C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appoint	ent:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324		
Purpose Name and st Name: Office Address: Registered Laving been namesignated in the curther agree to	c(s) of corporation authorized in home state of reet address of Florida registered age: C T Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the application of all status	ent:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324		
Purpose Name and st Name: Office Address: O. Registered Laving been name of the signated in the curther agree to	reet address of Florida registered age: CT Corporation System 1200 South Pine Island Road Plantation (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the application of all status of amiliar with and accept the obligation.	ent:	(P.O. Box or Mail Drop Box NOT acceptable) , Florida 33324 (Zip code) ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the proper and complete performance of my position as registered agent. Mark J. Diffenbaugh		

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

FL019 - C T Filing Manager Online

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	SEE ATTACHMENŢ	
Chairman: Jack Shaw		9,
		7° 7 7
Address:		E. S. K.
		
Vice Chairman:		
Address:		67. 5
		Pro-
Director: Paul Gaske		
Address:		
Director: Pradeep Kaul		
Address:		
B. OFFICERS	SEE ATTACHMENT	
Duratitan		
President:		
Address:		
Vice President: Deepak Dutt	197.9 1988	
Address:		
Secretary: Randy Segal		
Address:		
Treasurer: Deepak Dutt		
Heasmer. Deopart Date		
Address:		
		additional officers and/or directors
NOTE: If necessary, you	may attach an addendum to the application listing	g additional officers and/of directors.
13.	The state of the s	T
	of Chairman, Vice Chairman, or any officer liste	a in number 12 of the application)
14. Tom McElroy, Vice Pre	sident	* ************************************
Γ)	yped or printed name and capacity of person sign	ing application)

Attachment to Florida Application By Foreign Corporation for Authorization to Transact Business In Florida

Purpose Clause

The purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware, as from time to time amended.

Officers & Directors

1. Full Name: Officer/Director:

Officer's Title:

Full Name: 2.

> Officer/Director: Officer's Title:

Director's Title:

3. Full Name:

Officer/Director:

Officer's Title:

Director's Title:

4. Full Name:

> Officer/Director: Officer's Title:

Director's Title:

5. Full Name:

Officer/Director:

Officer's Title:

Full Name: 6.

Officer/Director:

Officer's Title:

Full Name: . 7.

Officer/Director:

Officer's Title:

Director's Title:

8. Full Name:

Officer/Director:

Officer's Title:

9. Full Name:

Officer/Director:

Director's Title:

Deepak Dutt

Officer

Vice President and Treasurer

Paul Gaske

Officer.Director

Executive Vice President

Other Director

Pradeep Kaul

Officer.Director

Executive Vice President

Other Director

Pradman Kaul

Officer Director

Chairman & CEO

Other Director

Jim Lucchese

Officer Director

Executive Vice President and Chief Financial

Officer

Tom McElroy

Officer

Vice President and Assistant Treasurer

Bahram Pourmand

Officer.Director

Executive Vice President

Other Director

Randy Segal

Officer

Senior Vice President, General Counsel and

Secretary

Jack Shaw

Director

Chairman

State of Delaware Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUGHES NETWORK SYSTEMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Garriet Smith Windson Secretary of State

AUTHENTICATION: 1512656

DATE: 12-18-01

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