

202 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90056 002 ***150.00

DOCUMENT # **F01000006554**

1. Entity Name
HUGHES NETWORK SYSTEMS, INC.

Principal Place of Business
11717 EXPLORATION LANE
GERMANTOWN MD 20876

Mailing Address
11717 EXPLORATION LANE
GERMANTOWN MD 20876

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2358833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Name

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

City

FL

Zip Code

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

| | | | | |
|------------|---------------|------------------------|---------------------|--------------------------|
| 11A. TITLE | 11B. NAME | 11C. STREET ADDRESS | 11D. CITY-STATE-ZIP | 11E. Delete |
| VT | DUTT, DEEPAK | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> |
| 11A. TITLE | 11B. NAME | 11C. STREET ADDRESS | 11D. CITY-STATE-ZIP | 11E. Delete |
| VD | GASKE, PAUL | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> |
| 11A. TITLE | 11B. NAME | 11C. STREET ADDRESS | 11D. CITY-STATE-ZIP | 11E. Delete |
| VD | KAIL, PRADEEP | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> |
| 11A. TITLE | 11B. NAME | 11C. STREET ADDRESS | 11D. CITY-STATE-ZIP | 11E. Delete |
| VD | LUCCHESI, JIM | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> |
| 11A. TITLE | 11B. NAME | 11C. STREET ADDRESS | 11D. CITY-STATE-ZIP | 11E. Delete |
| VAT | MCELROY, TOM | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> |
| 11A. TITLE | 11B. NAME | 11C. STREET ADDRESS | 11D. CITY-STATE-ZIP | 11E. Delete |
| CD | SHAW, JACK | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | |
|------------|--------------|------------------------|---------------------|--------------------------|-------------------------------------|
| 12A. TITLE | 12B. NAME | 12C. STREET ADDRESS | 12D. CITY-STATE-ZIP | 12E. Change | 12F. Addition |
| PRESIDENT | PRADMAN KAIL | 11717 EXPLORATION LANE | GERMANTOWN MD 20876 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12A. TITLE | 12B. NAME | 12C. STREET ADDRESS | 12D. CITY-STATE-ZIP | 12E. Change | 12F. Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12A. TITLE | 12B. NAME | 12C. STREET ADDRESS | 12D. CITY-STATE-ZIP | 12E. Change | 12F. Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12A. TITLE | 12B. NAME | 12C. STREET ADDRESS | 12D. CITY-STATE-ZIP | 12E. Change | 12F. Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12A. TITLE | 12B. NAME | 12C. STREET ADDRESS | 12D. CITY-STATE-ZIP | 12E. Change | 12F. Addition |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **THOMAS J. MCELROY**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(301) 428-5500
 Daytime Phone #

CF2E034 (9/01)



Attachment
870150

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 28, 2002

807738
\$ 150

HUGHES NETWORK SYSTEMS, INC.
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

Subject: HUGHES NETWORK SYSTEMS, INC.

Reference Number: F0100006554

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn
ANNUAL REPORTS SECTION