

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

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



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VT
DUTT, DEEPAK
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
GASKE, PAUL
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
KAUL, PRADEEP
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
LUCCHESI, JIM
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VAT
MCELROY, TOM
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
PRADMAN, KAUL
11717 EXPLORATION LANE
GERMANTOWN, MD 20876

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01/26/04-80058-012 150.00

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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

Date

Daytime Phone #

(301) 428-5500