

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY 22 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # F93000004855 (3)**

1. Corporation Name  
**EARTH SATELLITE CORPORATION (EARTHSAT)**

Principal Place of Business (Mailed Address)  
**6011 EXECUTIVE BOULEVARD SUITE 400 ROCKVILLE MD 20852-3804**

2. Principal Place of Business (Mailed Address)  
**6011 EXECUTIVE BOULEVARD SUITE 400 ROCKVILLE MD 20852-3804**

21. State of Incorporation  
**MD**

22. Date of Incorporation  
**05/01/1994**

23. Fiscal Year  
**12/31**

3. Date the Report is Qualified  
**10/27/1993**

3a. Date of Last Report  
**05/01/1994**

4. FEI Number  
**52-0894197**

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

6. Election Campaign Financing  
Trust Fund Contributions  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under S. 199 (C.F.R. Florida Statutes)  Yes  No

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. State  
**FL** 85. Zip Code

11. Pursuant to the provisions of the laws of the State of Florida, the undersigned hereby certifies that the corporation is duly organized and in good standing under the laws of the State of Florida, and that the undersigned is duly qualified to act as registered agent of the corporation in the State of Florida. The undersigned hereby certifies that the corporation is duly organized and in good standing under the laws of the State of Florida, and that the undersigned is duly qualified to act as registered agent of the corporation in the State of Florida.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	CD PORTER JR, J R 3407 36TH STREET N.W. WASHINGTON DC
NAME	D THIBAUT, DAVID A 10940 WHITERIM DRIVE POTOMAC MD
NAME	D SHEFFIELD, CHARLES 2848 AQUARIUS AVENUE SILVER SPRING MD
NAME	D LEVIN, S B 85 NORTH SHORE ROAD NEW PRESTON CT
NAME	D COLWELL, ROBERT N 1300 JUANITA DRIVE WALNUT CREEK CA
NAME	D RASIEL, AMRAM 34 GALLISON AVENUE MARBLEHEAD MA

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	Vice President/Secretary LoRusso, Patricia L. 12414 Sadler Lane Bowie, MD 20715	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished and contained herein, for the corporation stated in Section 199 (C.F.R. Florida Statutes), is true and correct, that the information submitted is the correct report of the corporation as required by law 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 of the corporation named herein and that I am qualified to act as registered agent of the corporation as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE: *Patricia LoRusso*  
Patricia L. LoRusso  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95 (301) 231-0660

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005321 (5)**

REGISTRY NETWORK, INC.

USE THIS SPACE

1. Principal Office of Registrant <b>1821 S. HILL STREET OCEANSIDE CA 92054</b>		2a. Mailing Address <b>1821 S. HILL STREET OCEANSIDE CA 92054</b>		3. Filing Date of Report <b>11/22/1993</b>	3a. Date of Last Report <b>02/09/1994</b>
2. Filing Date of Previous Report <b>21</b>	2b. Mailing Address <b>26</b>	4. Filing Number <b>33-0376778</b>	Applied For <input type="checkbox"/> Not Applicable		
22. Filing Date of Report <b>22</b>	27. Mailing Address <b>27</b>	5. Filing Date of Last Filing <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23. Filing Date of Report <b>23</b>	28. Mailing Address <b>28</b>	6. Election Campaign Expenses Trust Fund Contributions <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24. Filing Date of Report <b>24</b>	25. Mailing Address <b>25</b>	29. Filing Date of Report <b>29</b>	30. Filing Date of Report <b>30</b>	8. The corporation has liability for adoption tax under 26 USC 170D? Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent <b>HASLER, DANA 24641 U.S. 19 NORTH SUITE 550 CLEARWATER FL 34623</b>				10. Name and Address of New Registered Agent	
01. Name				05. State	
02. Street Address (If a New Registered Agent, Not Applicable)				06. City	
03. City				07. State	
04. Zip				08. Filing Date	

11. Pursuant to the provisions of Section 215.01, Florida Statutes, I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein, and that my name appears in the list of registered agents published in the Florida Statutes, Chapter 215, Florida Statutes, and that my name appears in the list of registered agents published in the Florida Statutes, Chapter 215, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PC MOELLER, PETER 1821 S. HILL STREET OCEANSIDE CA 92054	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	D LIEBER, MIKE 1821 S. HILL STREET OCEANSIDE CA 92054	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STD MOELLER, LAURA 1821 S. HILL STREET OCEANSIDE CA 92054	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied with this filing is true and correct to the best of my knowledge and belief, and that I am duly qualified to act as a registered agent for the corporation named herein, and that my name appears in the list of registered agents published in the Florida Statutes, Chapter 215, Florida Statutes, and that my name appears in the list of registered agents published in the Florida Statutes, Chapter 215, Florida Statutes.

SIGNATURE: *Laura Moeller* 5/10/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR