

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004855 (3)**

1. Corporation Name

EARTH SATELLITE CORPORATION (EARTHSAT)



Principal Place of Business

6011 EXECUTIVE BOULEVARD
SUITE 400
ROCKVILLE MD 20852-3804

Mailing Address

6011 EXECUTIVE BOULEVARD
SUITE 400
ROCKVILLE MD 20852-3804

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/27/1993

3a. Date of Last Report
05/22/1995

4. FEI Number
52-0894197

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	LORUSSO, PATRICIA L.	
STREET ADDRESS	12414 SADLER LANE	
CITY-ST-ZIP	BOWIE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THIBAUT, DAVID A	
STREET ADDRESS	10940 WHITERIM DRIVE	
CITY-ST-ZIP	POTOMAC MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEFFIELD, CHARLES	
STREET ADDRESS	2848 AQUARIUS AVENUE	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVIN, S B	
STREET ADDRESS	85 NORTH SHORE ROAD	
CITY-ST-ZIP	NEW PRESTON CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLWELL, ROBERT N	
STREET ADDRESS	1300 JUANITA DRIVE	
CITY-ST-ZIP	WALNUT CREEK CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASIEL, AMRAM	
STREET ADDRESS	34 GALLISON AVENUE	
CITY-ST-ZIP	MARBLEHEAD MA	

1.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Porter JR, J. R.	
1.3 STREET ADDRESS	3407 36th Street N.W.	
1.4 CITY-ST-ZIP	Washington, DC	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jaffe, Leonard	
2.3 STREET ADDRESS	4185 Isson Court	
2.4 CITY-ST-ZIP	Silver Spring, MD 20902	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia LoRusso *Patricia L. Lo Russo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(301) 231-0660

Date

Office Phone #

CR2E034 (12/95)