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**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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**

3. Date Incorporated or Qualified **10/27/1993** 3a. Date of Last Report **04/24/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>52-0694197</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	1.1 TITLE	CEO
NAME	LORUSSO, PATRICIA	1.2 NAME	Porter, J. Robert Jr.
STREET ADDRESS	12414 SADLER LANE	1.3 STREET ADDRESS	3407 36th Street, NW
CITY - ST - ZIP	BOWIE MD	1.4 CITY - ST - ZIP	Washington, DC
TITLE	D	2.1 TITLE	
NAME	THIBAUT, DAVID A	2.2 NAME	
STREET ADDRESS	10940 WHITERIM DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	POTOMAC MD	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	President
NAME	SHEFFIELD, CHARLES	3.2 NAME	Jaffe, Lenonard
STREET ADDRESS	2848 AQUARIUS AVENUE	3.3 STREET ADDRESS	418 Sisson Court
CITY - ST - ZIP	SILVER SPRING MD	3.4 CITY - ST - ZIP	Silver Spring, MD 20902
TITLE	D	4.1 TITLE	
NAME	LEVIN, S B	4.2 NAME	
STREET ADDRESS	85 NORTH SHORE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW PRESTON CT	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	COLWELL, ROBERT N	5.2 NAME	
STREET ADDRESS	1300 JUANITA DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WALNUT CREEK CA	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	RASIEL, AMRAM	6.2 NAME	
STREET ADDRESS	34 GALLISON AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	MARBLEHEAD MA	6.4 CITY - ST - ZIP	

14. I do 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 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: **4/24/97** 301-231-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)