

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90093 007 ***158.75

DOCUMENT # F93000004855

1. Entity Name

EARTH SATELLITE CORPORATION (EARTHSAT)

Principal Place of Business

Mailing Address

**6011 EXECUTIVE BOULEVARD
 SUITE 400
 ROCKVILLE MD 20852-3804**

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 SUITE 400
 ROCKVILLE MD 20852-3804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-0894197

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

Date

301-231-0660

Daytime Phone #

CR2FR34 (9/99)