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 # F94000000962 (0)

1. Corporation Name

LORAL FEDERAL SYSTEMS COMPANY

Principal Place of Business
6600 ROCKLEDGE DR.
BETHESDA MD 20817

Mailing Address
6600 ROCKLEDGE DR.
BETHESDA MD 20817

2. Principal Place of Business
21 8201 Greensboro Dr.
Suite, Apt. #, etc.
22 Suite 900
City & State
23 McLean VA
Zip 24 22102 Country 25

2a. Mailing Address
26 8201 Greensboro Dr.
Suite, Apt. #, etc.
27 Suite 900
City & State
28 McLean VA
Zip 29 22102 Country 30

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: 03/07/1995
4. FEI Number: 13-3751580 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer	
TITLE	PD	☐ DELETE
NAME	LANZA, FRANK C	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	DEBLASIO, MICHAEL B	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	V	☐ DELETE
NAME	LAPENTA, ROBERT V	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VSD	☐ DELETE
NAME	TARGOFF, MICHAEL B	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VT	☐ DELETE
NAME	MOREN, NICHOLAS C	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	VASD	☐ DELETE
NAME	ZAHLER, ERIC J	
STREET ADDRESS	600 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY 10016	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: [signature] 2/13/96 (212) 697-1105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)