

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000003405 (6)

1. Corporation Name

DIRECTV, INC.



Principal Place of Business

2230 EAST IMPERIAL HIGHWAY  
EL SEGUNDO CA 90245

Mailing Address

2230 EAST IMPERIAL HIGHWAY  
EL SEGUNDO CA 90245

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

07/17/1995

3a. Date of Last Report

4. FEI Number

95-4321465

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 title, if applicable

(NOTE: Registered Agent Signature required when not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME	COBD ARMSTRONG, C M	<input type="checkbox"/> DELETE
STREET ADDRESS	7200 HUGHES TERRACE	
CITY- ST- ZIP	LOS ANGELES CA 90045-0066	
TITLE NAME	D BEATSON, G J	<input type="checkbox"/> DELETE
STREET ADDRESS	7200 HUGHES TERRACE	
CITY- ST- ZIP	LOS ANGELES CA 90045-0066	
TITLE NAME	D NOSKI, C H	<input type="checkbox"/> DELETE
STREET ADDRESS	7200 HUGHES TERRACE	
CITY- ST- ZIP	LOS ANGELES CA 90045-0066	
TITLE NAME	PD HARTENSTEIN, E W	<input type="checkbox"/> DELETE
STREET ADDRESS	2230 EAST IMPERIAL HIGHWAY	
CITY- ST- ZIP	EL SEGUNDO CA 90245	
TITLE NAME	EV BUTTERWORTH, L W	<input type="checkbox"/> DELETE
STREET ADDRESS	2230 EAST IMPERIAL HIGHWAY	
CITY- ST- ZIP	EL SEGUNDO CA 90245	
TITLE NAME	EV RAMO, J B	<input type="checkbox"/> DELETE
STREET ADDRESS	2230 EAST IMPERIAL HIGHWAY	
CITY- ST- ZIP	EL SEGUNDO CA 90245	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. W. HARTENSTEIN	
1.3 STREET ADDRESS	2230 E. IMPERIAL HWY.	
1.4 CITY- ST- ZIP	EL SEGUNDO, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	SR. VICE PRESIDENT	
2.2 NAME	L. M. WILDEE	
2.3 STREET ADDRESS	2230 E. IMPERIAL HWY.	
2.4 CITY- ST- ZIP	EL SEGUNDO, CA 90245	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	SECRETARY/TREASURER	
3.2 NAME	S. J. COX	
3.3 STREET ADDRESS	2230 E. IMPERIAL HWY.	
3.4 CITY- ST- ZIP	EL SEGUNDO, CA 90245	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	400001779494	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/15/96--01023--007	
5.3 STREET ADDRESS	***200.00	
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:

*L. M. Wildee*

L. M. WILDEE, SR. VICE PRESIDENT

(310) 535-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)