

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90074 045 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F96000000118

1. Corporation Name
COMSAT RSI MARYLAND, INC.



| | |
|---|---|
| Principal Place of Business 1501 MORAN RD STERLING VA 20166 | Mailing Address 1501 MORAN RD STERLING VA 20166 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|----|---------------------|----|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/05/1996 | |
| 21 | 22 | 26 | 27 | 4. FEI Number 54-1735189 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip Country | | Zip Country | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24 | 25 | 29 | 30 | | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD DELETE | 1.1 TITLE | P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, RAYMOND D | 1.2 NAME | Kanipe, Gary |
| STREET ADDRESS | 22300 COMSAT DR | 1.3 STREET ADDRESS | c/o 1501 Moran Road |
| CITY-ST-ZIP | CLARKSBURG MD | 1.4 CITY-ST-ZIP | Dulles, Virginia 20166 |
| TITLE | V DELETE | 2.1 TITLE | V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBER, NANCY E | 2.2 NAME | Bach, Andrew |
| STREET ADDRESS | 6560 ROCK SPRINGS DR | 2.3 STREET ADDRESS | c/o 1501 Moran Road |
| CITY-ST-ZIP | BETHESDA MD 20817 | 2.4 CITY-ST-ZIP | Dulles, Virginia 20166 |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIEGEL, HAROLD ARYAI | 3.2 NAME | Siegel, Harold Aryai |
| STREET ADDRESS | 1501 MORAN RD | 3.3 STREET ADDRESS | c/o 1501 Moran Road |
| CITY-ST-ZIP | STERLING VA | 3.4 CITY-ST-ZIP | Dulles, Virginia 20166 |
| TITLE | VTD DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLMAN, MARJORIE | 4.2 NAME | |
| STREET ADDRESS | 1501 MORAN ROAD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | STERLING VA | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 of an attachment with an address, with all other like empowered.

SIGNATURE:  **SIEGEL, HAROLD ARYAI**, Secretary Date: 11 February 1999 (703)-450-5680

CR2E034 (11/98)