

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-02-1999 90074 045 ***150.00

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

3. Date Incorporated or Qualified

01/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

54-1735189

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME THOMAS, RAYMOND D
STREET ADDRESS 22300 COMSAT DR
CITY-ST-ZIP CLARKSBURG MD

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Kanipe, Gary
1.3 STREET ADDRESS c/o 1501 Moran Road
1.4 CITY-ST-ZIP Dulles, Virginia 20166

TITLE V ☒ DELETE
NAME WEBER, NANCY E
STREET ADDRESS 6560 ROCK SPRINGS DR
CITY-ST-ZIP BETHESDA MD 20817

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME Bach, Andrew
2.3 STREET ADDRESS c/o 1501 Moran Road
2.4 CITY-ST-ZIP Dulles, Virginia 20166

TITLE SD ☐ DELETE
NAME SIEGEL, HAROLD ARYAI
STREET ADDRESS 1501 MORAN RD
CITY-ST-ZIP STERLING VA

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Siegel, Harold Aryai
3.3 STREET ADDRESS c/o 1501 Moran Road
3.4 CITY-ST-ZIP Dulles, Virginia 20166

TITLE VTD ☒ DELETE
NAME HOLMAN, MARJORIE
STREET ADDRESS 1501 MORAN ROAD
CITY-ST-ZIP STERLING VA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Harold Aryai Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 February 1999 (703)-

Date

Daytime Phone #

450-5680

CR2E034 (11/98)

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