

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90336 037 \*\*\*150.00

**DOCUMENT # F97000001559**

1. Entity Name  
**HUGHES ELECTRONICS CORPORATION**



Principal Place of Business

C/O TAX DEPT 001/A126  
200 N SEPULVEDA BLVD  
EL SEGUNDO, CA 90245 US

Mailing Address

C/O TAX DEPT 001/A126  
P.O. BOX 956  
EL SEGUNDO, CA 90245 US



2. Principal Place of Business

**2250 E. IMPERIAL HWY**  
Suite, Apt. #, etc.

3. Mailing Address

**2250 E. IMPERIAL HWY**  
Suite, Apt. #, etc.  
**RE/R11/N381 TAX DEPT.**

04262004

Chg-P

CR2E034 (10/03)

City & State

**EL SEGUNDO CA**

City & State

**EL SEGUNDO, CA**

4. FEI Number

**52-1106564**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CORNELIUS, JAMES M	
STREET ADDRESS	111 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEVINE, JOHN M	
STREET ADDRESS	300 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT, MI 48265	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUND, PETER A	
STREET ADDRESS	32 EAST 64TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, SANDRA A	
STREET ADDRESS	200 N SEPULVEDA BLVD	
CITY-ST-ZIP	EL SEGUNDO, CA 90245	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIKES, ALFRED C	
STREET ADDRESS	3214 KIRWANS NECK ROAD	
CITY-ST-ZIP	CHURCH CREEK, MD 21622	
TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	SHAW, JACK A	
STREET ADDRESS	200 N SEPULVEDA BLVD	
CITY-ST-ZIP	EL SEGUNDO, CA 90245	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chase Carey	
STREET ADDRESS	2250 E. IMPERIAL HWY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	Executive V.P., General Counsel & Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY D. HUNTER	
STREET ADDRESS	2250 E. IMPERIAL HWY	
CITY-ST-ZIP	EL SEGUNDO CA. 90245	
TITLE	Executive V.P., Chief Financial Officer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce B. Churchill	
STREET ADDRESS	2250 E. IMPERIAL HWY	
CITY-ST-ZIP	EL SEGUNDO CA. 90245	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANET L. WILLIAMSON	
STREET ADDRESS	2250 E. IMPERIAL HWY	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chase Carey	
STREET ADDRESS	2250 E. IMPERIAL	
CITY-ST-ZIP	EL SEGUNDO CA 90245	
TITLE	DIRECTOR & Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	K. RUPERT	
STREET ADDRESS	1211 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10036	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Janet L. Williamson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET L. Williamson - Assistant Secretary

Date 4-29-04

Daytime Phone 310 964-0724