

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2007 8:00 am**  
**Secretary of State**

06-25-2007 90004 039 \*\*\*150.00

<b>DOCUMENT # F97000002427</b>					
<b>1. Entity Name</b> INTELSAT CORPORATION					
<b>Principal Place of Business</b> 20 WESTPORT ROAD WILTON, CT 06897			<b>Mailing Address</b> 20 WESTPORT ROAD WILTON, CT 06897		
<b>2. Principal Place of Business - No P.O. Box #</b> 3400 International Dr., NW <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 3400 International Dr., NW <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Washington, DC <small>Zip</small> 20008-3006 <small>Country</small> USA		<b>City &amp; State</b> Washington, DC <small>Zip</small> 20008-3006 <small>Country</small> USA		<b>4. FEI Number</b> 95-4607698 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				05302007    Chg-P    CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CEO WRIGHT, JOSEPH R 20 WESTPORT ROAD WILTON, CT 06897	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CEO McGlade, David 3400 International Dr., NW Washington, DC 20008-3006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VCFO INGLESE, MICHAEL J 20 WESTPORT ROAD WILTON, CT 06897	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CFOD Jeffrey P. Freimark 3400 International Dr., NW Washington, DC 20008-3006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	EVDS CUMINALE, JAMES W 20 WESTPORT ROAD WILTON, CT 06897	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SD Patricia A. Casey 3400 International Dr., NW Washington, DC 20008-3006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P/D FROWNELTER, JAMES B 20 WESTPORT ROAD WILTON, CT 06897	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	GCD Phillip Spector 3400 International Dr., NW Washington, DC 20008-3006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	T WATSON, KEVIN F 20 WESTPORT ROAD WILTON, CT 06897	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TD Linda Kokal 3400 International Dr., NW Washington, DC 20008-3006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	_____ _____ _____ _____	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	CD Anita P. Beier 3400 International Dr., NW Washington, DC 20008-3006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Anita Beier    **ANITA BEIER**    June 7, 2007    (202) 944-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #