

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006708

1. Entity Name

IRIDIUM CENTRAL AMERICA AND MEXICO, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90004 010 ***150.00

Principal Place of Business

Mailing Address

425 NORTH MARTINGALE ROAD - 18TH FLOOR
SCHAUMBURG IL 60173

425 NORTH MARTINGALE ROAD - 18TH FLOOR
SCHAUMBURG IL 60173-2406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4081899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☒ Delete
NAME BOFILL, CARLOS
STREET ADDRESS 425 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE PD ☐ Change ☒ Addition
NAME James Beneda
STREET ADDRESS 425 N. Martingale Road
CITY-ST-ZIP Schaumburg, IL 60173

TITLE VD ☐ Delete
NAME WOKOWICZ, KENNETH
STREET ADDRESS 425 NORTH MARTINGALE ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE V ☐ Change ☒ Addition
NAME Valle, Armando
STREET ADDRESS Blvd. Orlaz No. 402 Col. Santa Maria
CITY-ST-ZIP Monterrey, N.L. Mexico C.P. 64410

TITLE S ☐ Delete
NAME LAWSON, A. P
STREET ADDRESS 1303 EAST ALGONQUIN ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE V ☐ Change ☒ Addition
NAME Koenemann, Carl
STREET ADDRESS 1303 E. Algonquin Rd.
CITY-ST-ZIP Schaumburg IL 60173

TITLE T ☐ Delete
NAME MILNE, GARTH L
STREET ADDRESS 1303 EAST ALGONQUIN ROAD
CITY-ST-ZIP SCHAUMBURG IL 60173

TITLE V ☐ Change ☒ Addition
NAME Haring, Rick
STREET ADDRESS 425 N. Martingale Rd
CITY-ST-ZIP Schaumburg IL 60173

TITLE VC ☐ Delete
NAME WOBESER, CLAUS VON
STREET ADDRESS AV. CAMPOS ELISEOS NO. 169-5 PISO
CITY-ST-ZIP 11580 MEXICO DF

TITLE VCD ☒ Change ☐ Addition
NAME VON Wobeser, Claus
STREET ADDRESS AV. CAMPOS ELISEOS NO. 169-5 PISO
CITY-ST-ZIP 11580 MEXICO DF

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Young, Robert
STREET ADDRESS 425 N. Martingale Road
CITY-ST-ZIP Schaumburg IL 60173

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

KENNETH WOKOWICZ

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 10 2000

Date

Daytime Phone #

CR2E034 (9/99)