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## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000154

1. Entity Name

Satellite Distribution Services, Inc.

Principal Place of Business

6903 ROCKLEDGE DR, STE.1300  
WEST BETHESDA, MD 20817

Mailing Address

6903 ROCKLEDGE DR, STE.1300  
WEST BETHESDA, MD 20817

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

65-0190513

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

400004131654---

### 6. Name and Address of Current Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

### 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.

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, 2001, Fee will be \$650.00**  
**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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	LLOYD, CARMEN L.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	D/S/T	<input type="checkbox"/> Delete
NAME	STURGE, PAULA M.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	D/AT	<input type="checkbox"/> Delete
NAME	OAKE, DAVID J.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PARM, JAMES J.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FITZPATRICK, PAUL G.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AS	<input type="checkbox"/> Delete
NAME	D'AMBROSIO, WAYNE	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROE, ROBERT	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, WILLIAM H.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTT, ROGER	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKES, SHARON E.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKS, WALTER	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	
TITLE	AT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, JOHN M.	
STREET ADDRESS	6903 ROCKLEDGE DR, STE.1300	
CITY-ST-ZIP	WEST BETHESDA, MD 20817	

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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. ROE

25 APR 2001

301.214.8800

Date

Daytime Phone #

CR2E034 (11/00)



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ACCOUNT NO. : 072100000032

REFERENCE : 133161 3500240

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 158.75

ORDER DATE : April 30, 2001

ORDER TIME : 1:53 PM

ORDER NO. : 133161-005

CUSTOMER NO: 3500240

CUSTOMER: Siobhan Smith, Legal Asst  
Steptoe & Johnson LLP  
1330 Connecticut Avenue, N.W.

Washington, DC 20036

ANNUAL REPORT FILING

NAME: SATELLITE DISTRIBUTION SERVICES  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAY -1 PM 3:24  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING