2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 02, 2000 8:00 am Secretary of State DOCUMENT # **F99000002500** 1. Entity Name LORAL COMMUNICATIONS SERVICES, INC. 02-02-2000 90010 044 ***150.00 Principal Place of Business Mailing Address 600 THIRD AVENUE 600 THIRD AVENUE NEW YORK NY 10016-1901 NEW YORK NY 10016 810007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3954501 Not Applicable Country _Country__ \$8,75 Additional 5.- Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. APPENDING THE FORM Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Delete TITLE. NAME SCHWARTZ, BERNARD L NAME STREET ADDRESS STREET ADDRESS 944 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10021** ☐ Addition VP ☐ Change TITLE TITLE □ Delete DEBLASIO, MICHAEL P NAME NAME STREET ADDRESS STREET ADDRESS PARK DRIVE SOUTH CITY-ST-ZIP CITY-ST-ZIP RYE NY 10580 ☐ Change ☐ Addition VPT TITLE TITLE ☐ Delete MOREN, NICHOLAS C NAME NAME STREET ADDRESS 138 POE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PRINCETON NJ 08540 □ Change ☐ Addition VPSD ☐ Delete TITLE TITLE Executive Vice President NAME NAME ZAHLER, ERIC J STREET ADDRESS STREET ADDRESS 860 THIRD AVE., APT. 8K CITY-ST-719 CITY-ST-ZIP NEW YORK NY 10021 ☐ Addition Change AT ☐ Delete TITLE TITLE veno, Joseph L NAME NAME STREET ADDRESS STREET ADDRESS 152 OLD HYDE ROAD CITY-ST-ZIP CITY-ST-ZIP WESTON CT 03683 Change Addition TITLE ☐ Delete TITLE Vice President/Secretary NAME NAME Avi Katz STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1400 Hudson Road, Teaneck, New Jersey 07666 CITY-ST-ZIP

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 other like empowered.

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