

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90079 004 \*\*\*150.00

**DOCUMENT # F99000004902**

1. Entity Name  
**AETHER SYSTEMS, INC.**



Principal Place of Business  
**621 E PRATT ST  
STE 601  
BALTIMORE, MD 21202**

Mailing Address  
**621 E PRATT ST  
STE 601  
BALTIMORE, MD 21202**

**40013873**



2. Principal Place of Business - No P.O. Box #  
**1330 Avenue of the Americas  
Suite, Apt. #, etc.  
34th Floor**

3. Mailing Address  
**1330 Avenue of the Americas  
Suite, Apt. #, etc.  
34th Floor**

02052007 Chg-P CR2E034 (12/06)

City & State  
**New York N.Y.**  
Zip  
**10019** Country  
**USA**

City & State  
**New York N.Y.**  
Zip  
**10019** Country  
**USA**

4. FEI Number  
**52-2186634** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

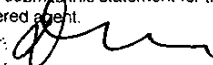
6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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  **2-7-07**  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD OROS, DAVID S 621 E PRATT ST STE 601 BALTIMORE, MD 21202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REYMAN, DAVID 621 E PRATT ST STE 601 BALTIMORE, MD 21202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEESE, J. CARTER JR. 800 17TH STREET NW WASHINGTON, DC 20006	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, JACK B IV 900 BESTGATE RD STE 100 ANNAPOLIS, MD 21401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, JAMES T 5625 BROADMORE TERRACE JAMSVILLE, MD 21754	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHIAS, EDWARD J 1001 PENNSYLVANIA AVE, NW WASHINGTON, DC 20004	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David B. Meister 1330 Avenue of the Americas New York NY 10019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Treasurer Robert W. Bilen 1330 Avenue of the Americas New York NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James F. Havan 1330 Avenue of the Americas New York NY 10019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Truman T. Semans 901 South Bond Street- 4th Floor Baltimore MD 21231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George P. Stamas 655 Fifteenth Street, NW Washington D.C. 20005	<input type="checkbox"/> Change <input checked="" 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:  **2-7-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #