FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 21 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P29161 (7)

1. Corporation Name
SATELLITE TRANSMISSION SYSTEMS, INC.

Principal Place of Business	Mailing Address
125 KENNEDY DRIVE HAUPPAUGE NY 11788	125 KENNEDY DRIVE HAUPPAUGE NY 11788

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 11-2397947 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PARSON, ROGER
1615 W. NASA BLVD.
MELBOURNE FL 32901-2631

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	HERSHBERG, DAVID E.	1.2 NAME	MALONEY, BRIAN M.	
STREET ADDRESS	125 KENNEDY DR.	1.3 STREET ADDRESS	125 KENNEDY DRIVE	
CITY-ST-ZIP	HAUPPAUGE NY	1.4 CITY-ST-ZIP	HAUPPAUGE, NY 11788	
TITLE	V	2.1 TITLE	XXX	☒ Change ☐ Addition
NAME	MILLER, KENNETH A.	2.2 NAME		
STREET ADDRESS	125 KENNEDY DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY	2.4 CITY-ST-ZIP		
TITLE	STV	3.1 TITLE		☐ Change ☐ Addition
NAME	MCGLOIN, DAVID J.	3.2 NAME		
STREET ADDRESS	1615 W NASA BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	PARSONS, ROGER	4.2 NAME		
STREET ADDRESS	1615 W NASA BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GILBERT F	5.2 NAME		
STREET ADDRESS	985 ALMANOR AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE CA 94086	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	OTTO, PHILIP F	6.2 NAME		
STREET ADDRESS	985 ALMANOR AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNNYVALE CA 94086	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/10/95 (561) 231-1919
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Telephone Number

0006810 FP