

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:20

DOCUMENT # **P36674** (0)

1. Corporation Name
LORAL FEDERAL SERVICES CORPORATION

Principal Place of Business Mailing Address
800 NORTH FREDERICK AVENUE **800 NORTH FREDERICK AVENUE**
GAITHERSBURG MD 20879 **GAITHERSBURG MD 20879**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/13/1991 **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
52-1740334 Not Applicable

22 27
City & State City & State

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

23 28
Zip Country Zip Country

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature (Name of (current) registered agent and title, if applicable)

FFILE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	JOHNSON, ARTHUR E.
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-STATE-ZIP	BETHESDA MD
TITLE	D
NAME	MACINA, ANTHONY E.
STREET ADDRESS	3700 BAY AREA BLVD.
CITY-STATE-ZIP	HOUSTON TX
TITLE	D
NAME	EBKER, GERALD W.
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-STATE-ZIP	BETHESDA MD
TITLE	D
NAME	WINTERS, JACK H.
STREET ADDRESS	800 N. FREDERICK AVE.
CITY-STATE-ZIP	GAITHERSBURG MD
TITLE	D
NAME	KOLVEK, THOMAS J.
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-STATE-ZIP	BETHESDA MD
TITLE	D
NAME	LASALLE, WILLIAM J.
STREET ADDRESS	6600 ROCKLEDGE DRIVE
CITY-STATE-ZIP	BETHESDA MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Vice President
1.3 STREET ADDRESS	Eric J. Zahler
1.4 CITY-STATE-ZIP	600 Third Av New York, NY 10016-2065
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 13.

SIGNATURE:
PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR
ERIC ZAHLER, VICE PRESIDENT

3/9/95 **212/697-1105**
Date Telephone #