

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 23 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P36674 (0)**  
1. Corporation Name  
**LORAL FEDERAL SERVICES CORPORATION**



Principal Place of Business: **800 NORTH FREDERICK AVENUE GAITHERSBURG MD 20879**  
Mailing Address: **800 NORTH FREDERICK AVENUE GAITHERSBURG MD 20879-3326**

3. Date Incorporated or Qualified: **12/13/1991**  
3a. Date of Last Report: **02/20/1996**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number <b>52-1740334</b>	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees	
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ZAHLER, ERIC J</b>		1.2 NAME		
STREET ADDRESS	<b>600 THIRD AVE</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		1.4 CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>TARGOFF, MICHAEL B</b>		2.2 NAME		
STREET ADDRESS	<b>600 THIRD AVENUE</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		2.4 CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DRABANT, TERENCE M</b>		3.2 NAME		
STREET ADDRESS	<b>800 NORTH FREDERICK AVENUE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>		3.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ADAMS, WILLIAM</b>		4.2 NAME		
STREET ADDRESS	<b>800 NORTH FREDERICK AVENUE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>		4.4 CITY-ST-ZIP		
TITLE	<b>VPCE</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GRACYALNY, DONALD J</b>		5.2 NAME		
STREET ADDRESS	<b>800 NORTH FREDERICK AVENUE</b>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>		5.4 CITY-ST-ZIP		
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>HORNE, NETTIE A</b>		6.2 NAME		
STREET ADDRESS	<b>800 NORTH FREDERICK AVENUE</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>		6.4 CITY-ST-ZIP		

14. I do 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 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: \_\_\_\_\_ DATE: **4/14/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)