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**Apr 17 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 # F96000000118 (7)

1. Corporation Name
COMSAT RSI MARYLAND, INC.



Principal Place of Business
**1501 MORAN RD
STERLING VA 20166**

Mailing Address
**1501 MORAN RD
STERLING VA 20166-8309**

3. Date Incorporated or Qualified
01/05/1996

3a. Date of Last Report

4. FEI Number
541735189

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	CROCKETT, BRUCE L	
STREET ADDRESS	6560 ROCK SPRINGS DR	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, RICHARD E	
STREET ADDRESS	1501 MORAN RD	
CITY-ST-ZIP	STERLING VA 20166	
TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMAS, RAYMOND D	
STREET ADDRESS	22300 COMSAT DR	
CITY-ST-ZIP	CLARKSBURG MD 20871-9475	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBER, NANCY E	
STREET ADDRESS	6560 ROCK SPRINGS DR	
CITY-ST-ZIP	BETHESDA MD 20817	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIEGEL, HAROLD ARYAI	
STREET ADDRESS	1501 MORAN RD	
CITY-ST-ZIP	STERLING VA 20166	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	FUNSTON, MARK D	
STREET ADDRESS	1501 MORAN RD	
CITY-ST-ZIP	STERLING VA 20166	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HOLMAN, MARJORIE
6.3 STREET ADDRESS	1501 MORAN RD
6.4 CITY-ST-ZIP	STERLING, VA 20166

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: *Harold Aryai Siegel* **RECORDED** **ARYAI SIEGEL** Secretary 3/21/97

SIGNATURE (TO BE TYPED OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)