

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003069

Entity Name: DIGITALGLOBE, INC.

Current Principal Place of Business:

1601 DRY CREEK DRIVE, SUITE 260
LONGMONT, CO 80503

Current Mailing Address:

1601 DRY CREEK DRIVE, SUITE 260
LONGMONT, CO 80503

FEI Number: 31-1420852

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title CEOD
Name TARR, JEFFREY
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title CFO
Name SPRUILL, YANCEY L
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title SEC
Name JABLONSKY, DANIEL
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name CARNS, MICHAEL
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name CYPRUS, NICK
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name ESTES, HOWELL
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name FAGA, MARTIN
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name HOUGH, LAWRENCE
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL JABLONSKY

SECRETARY

05/23/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JENSON, WARREN
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name TILL, KIMBERLY
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503

Title DIRECTOR
Name WHITEHURST, JAMES
Address 1601 DRY CREEK DRIVE, SUITE 260
City-State-Zip: LONGMONT CO 80503