

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000005381

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC3602703401**

**Entity Name:** LIGHTSQUARED GP INC.

**Current Principal Place of Business:**

10802 PARKRIDGE BLVD  
RESTON, VA 20191

**Current Mailing Address:**

10802 PARKRIDGE BLVD  
RESTON, VA 20191

**FEI Number: 54-2056190**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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            SEC  
Name            LU, CURTIS  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

Title            CFO  
Name            MONTAGNER, MARC  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

Title            TREASURER  
Name            LEE, BENJAMIN  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

Title            D  
Name            HLADEK, KEITH  
Address        450 PARK AVENUE, 30TH FL  
City-State-Zip: NEW YORK NY 10022

Title            PRESIDENT  
Name            SMITH, DOUGLAS  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

Title            DIRECTOR  
Name            CARR, ALAN  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

Title            DIRECTOR  
Name            GOLDMAN, NEAL  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

Title            DIRECTOR  
Name            ROGERS, CHRISTOPHER  
Address        10802 PARKRIDGE BLVD  
City-State-Zip: RESTON VA 20191

*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: CURTIS P. LU**

**SECRETARY**

**03/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date