Form No. 47 F

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE. CONCORD NH

AMERICOM GOVERNMENT SERVICES, INC.
2 RESEARCH WAY
PRINCETON NJ 08540-6628

INDICATE CHANGES IN ABOVE ANNUAL REPORT MAILING ADDRESS. **THIS COMPLETE FORM MUST BE SUBMITTED. DO NOT SEPARATE ANY PART OF THE FORM.**

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)

INFORMATION ON THIS REPORT IS CURRENT AS OF JANUARY 1, 2003 FOR REPORT DUE APRIL 1, 2003

RECEIVED
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NEW HAMPSHIRE
SECRETARY OF STATE

388275	Not to be Filled in:
Date	
Check No	626176
Amount	100

$100.00 REPORT FEE

$100.00 TOTAL DUE

PLEASE TYPE OR PRINT IN INK

NAME OF CORPORATION
AMERICOM GOVERNMENT SERVICES, INC.

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON REVERSE SIDE.

FEDERAL ID#	2	2	—	3	8	1	7	3	9	3
CORRECTED ID#			—							

COMPLETE ADDRESS OF PRINCIPAL OFFICE:
2 RESEARCH WAY
PRINCETON, NJ 08540

CORRECTION IN ABOVE ADDRESS:

INCORPORATED UNDER THE LAWS OF:
STATE DELAWARE

COMPLETE INFORMATION AS OF JANUARY 1, 2003

NATURE OF BUSINESS IN NH:
Satellite Communications to U.S. Government

PRINCIPAL OFFICERS

PRESIDENT
Dean Almstead
BUSINESS ADDRESS: NO. STREET
4 Research Way
TOWN/CITY STATE ZIP
Princeton NJ 08540

TREASURER
David Helfgott
BUSINESS ADDRESS: NO. STREET
2 Research Way
TOWN/CITY STATE ZIP
Princeton NJ 08540

SECRETARY
Lawrence Wheeler
BUSINESS ADDRESS: NO. STREET
2 Research Way
TOWN/CITY STATE ZIP
Princeton NJ 08540

REGISTERED AGENT/REGISTERED OFFICE

CT CORPORATION SYSTEM
9 CAPITOL ST
CONCORD, NH 03301

REQUEST FORM 9 TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE. SEE NUMBER 1 ON REVERSE SIDE.

DIRECTORS

IF THE LAWS OF THE STATE OF INCORPORATION DO NOT REQUIRE CERTAIN OFFICERS OR DIRECTORS ENTER "NOT REQUIRED"

DIRECTOR
Dean Almstead
BUSINESS ADDRESS: NO. STREET
4 Research Way
TOWN/CITY STATE ZIP
Princeton NJ 08540

DIRECTOR
David Helfgott
BUSINESS ADDRESS: NO. STREET
2 Research Way
TOWN/CITY STATE ZIP
Princeton NJ 08540

IF THERE ARE ANY ADDITIONAL DIRECTORS, PLEASE ATTACH ADDITIONAL SHEET.

TO BE SIGNED BY AN OFFICER, DIRECTOR OR ANY OTHER PERSON AUTHORIZED BY THE BOARD OF DIRECTORS.

I, THE UNDERSIGNED DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

MUST HAVE ORIGINAL SIGNATURE

SIGNATURE Lawrence J. Wheeler

TYPE OR PRINT NAME: Lawrence J. Wheeler

TITLE: SECRETARY