State of New Hampshire
2014 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.
REPORT DUE BY April 1, 2014
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/28/2014
Business ID: 388275
William M. Gardner
Secretary of State

SES GOVERNMENT SOLUTIONS, INC.

2010 CORPORATE RIDGE, STE 550
MCLEAN, VA 22102

ENTITY TYPE: CORPORATION
BUSINESS ID: 388275
STATE OF DOMICILE: DELAWARE

Satellite Communications

1

ADDRESS OF PRINCIPAL OFFICE:
2010 CORPORATE RIDGE
MCLEAN, VA 22102

REGISTERED AGENT AND OFFICE:
C T CORPORATION SYSTEM
9 CAPITOL ST
CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **2010 Corporate Ridge, Suite 550, McLean, VA 22102**

[X] The new principal office address **2010 Corporate Ridge, Suite 550, McLean, VA 22102**

PO Box is acceptable.

3

OFFICERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Robert Osterthaler**
STREET **2010 Corporate Ridge, Suite 550**
CITY/STATE/ZIP **McLean VA 22102**
TREAS. **John A. Strand**
STREET **2010 Corporate Ridge, Suite 550**
CITY/STATE/ZIP **McLean VA 22102**
SEC'Y. **Thomas Williams**
STREET **2010 Corporate Ridge, Suite 550**
CITY/STATE/ZIP **McLean VA 22102**
NAME .....
STREET .....
CITY/STATE/ZIP

BOARD OF DIRECTORS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Peter Hoene**
STREET **2010 Corporate Ridge, Suite 550**
CITY/STATE/ZIP **McLean VA 22102**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

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.

Sign here: **Collin Menkhus**

Please print name and title of signer: **Collin Menkhus** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

038827520141001

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301