

1.) CORPORATION NAME:

LightSquared GP Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **10/31/2011**

SCC ID NO: **F1488487**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10802 PARKRIDGE BLVD

CITY/ST/ZIP: RESTON, VA 20191-4334

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TITLE:	ADDRESS:	CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
SANJIV AHUJA	PRESIDENT	450 PARK AVE, 31ST FL	NEW YORK, NY 10022-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KEITH HLADEK	DIRECTOR	450 PARK AVE, 31ST FL	NEW YORK, NY 10022-	<input type="checkbox"/>	<input checked="" type="checkbox"/>
KURT HAUFLE	TREASURER	10802 PARKRIDGE BLVD	RESTON, VA 20191-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CURTIS LU	SECRETARY	10802 PARKRIDGE BLVD	RESTON, VA 20191-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ELIZABETH CREARY	ASST SECRETARY	1601 TELESAT CT	OTTAWA, ON K1B 1B9-, CANADA	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NAME: MICHAEL MONTEMARANO TITLE: CFO ADDRESS: 10802 PARKRIDGE BLVD CITY/ST/ZIP/CO: RESTON, VA -	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: OMAR ASALI TITLE: DIRECTOR ADDRESS: 450 PARK AVE, 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK DANCHAK TITLE: DIRECTOR ADDRESS: 450 PARK AVENUE, 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT LAMBERT TITLE: DIRECTOR ADDRESS: 450 PARK AVE., 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID MAURA TITLE: DIRECTOR ADDRESS: 450 PARK AVE, 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES MGINNIS TITLE: DIRECTOR ADDRESS: 450 PARK AVE, 30TH FLOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID MURGIO TITLE: DIRECTOR ADDRESS: 450 PARK AVE, 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JUNG HO PARK TITLE: DIRECTOR ADDRESS: SK T-TOWER, 11, EULJIRO2-GA, JUNG-GU CITY/ST/ZIP/CO: SEOUL, 100-999-, KOREA, REPUBLIC OF (SOUTH KOREA)	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBIN ROGER TITLE: DIRECTOR ADDRESS: 450 PARK AVE, 30TH FLOOR CITY/ST/ZIP/CO: NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CURTIS LU	CURTIS LU, SECRETARY	9/23/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.