

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213546712

1.) CORPORATION NAME:

LightSquared GP Inc.

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1488487**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

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: DOUGLAS SMITH OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 10802 PARKRIDGE BLVD
 CITY/ST/ZIP/CO: RESTON, VA 20191

NAME: BENJAMIN LEE OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 10802 PARKRIDGE BLVD
 CITY/ST/ZIP/CO: RESTON, VA 20191

NAME: ELIZABETH CREARY OFFICER DIRECTOR
 TITLE: ASST SECRETARY
 ADDRESS: 1601 TELESAT CT
 CITY/ST/ZIP/CO: , , FN

NAME: CURTIS LU OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 10802 PARKRIDGE BLVD
 CITY/ST/ZIP/CO: RESTON, VA 20191

NAME: OMAR ASALI OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 450 PARK AVE, 30TH FLOOR
 CITY/ST/ZIP/CO: NEW YORK, NY 10022

NAME: PHILIP FALCONE OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 450 PARK AVENUE
 CITY/ST/ZIP/CO: 30TH FLOOR
 NEW YORK, NY 10022

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH HLADEK DIRECTOR 450 PARK AVE, 31ST FL NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MAURA DIRECTOR 450 PARK AVE, 30TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MURGIO DIRECTOR 450 PARK AVE, 30TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN ROGER DIRECTOR 450 PARK AVE, 30TH FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YOUNG SANG RYU DIRECTOR SK T-TOWER, 11, EULJIRO2-GA, JUNG-GU KOREA REPUBLIC OF , , FN	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CURTIS LU, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/8/2013 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.			