

1.) CORPORATION NAME:

DUE DATE: **11/30/2014**

Iridium Communications Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1806860**

CORPORATION SERVICE COMPANY

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000,000
PREFER	2,000,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1750 TYSONS BLVD STE 1400

CITY/ST/ZIP: MCLEAN, VA 22102

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:	THOMAS D HICKEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLO/ SEC		
ADDRESS:	1750 TYSONS BLVD STE 1400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME:	THOMAS J. FITZPATRICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO, CAO & TREAS		
ADDRESS:	1750 TYSONS BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 1400 MCLEAN, VA 22102		

NAME:	BONNIE SHUB-GAYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1750 TYSONS BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 1400 MCLEAN, VA 22102		

NAME:	MATTHEW J. DESCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR & CEO		
ADDRESS:	1750 TYSONS BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 1400 MCLEAN, VA 22102		

NAME:	S SCOTT SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1750 TYSONS BLVD STE 1400		
CITY/ST/ZIP/CO:	MCLEAN, VA 22102		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYAN J. HARTIN EVP-SALES & MKT 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHY MORGAN ASST SECRETARY 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT T. SCHEIMREIF EVP-GOVT. PROG 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	J. DARREL BARROS DIRECTOR 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS C CANFIELD DIRECTOR 1750 TYSONS BLVD SUITE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER M. DAWKINS DIRECTOR 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALVIN B. KRONGARD DIRECTOR 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT NIEHAUS DIRECTOR 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC T. OLSON DIRECTOR 1750 TYSONS BOULEVARD SUITE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN PFEIFFER DIRECTOR 1750 TYSONS BLVD STE 1400 MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	PARKER W. RUSH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1750 TYSONS BOULEVARD		
CITY/ST/ZIP/CO:	SUITE 1400 MCLEAN, VA 22102		

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/ THOMAS D HICKEY	THOMAS D HICKEY, CLO/ SEC	10/24/2014
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.