

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003780

FILED
Jan 04, 2011
Secretary of State

Entity Name: UNIVERSITIES SPACE RESEARCH ASSOCIATION - CORPORATION

Current Principal Place of Business:

10211 WINCOPIN CIR., SUITE 500
COLUMBIA, MD 21044

New Principal Place of Business:

10211 WINCOPIN CIRCLE
SUITE 500
COLUMBIA, MD 21044

Current Mailing Address:

10211 WINCOPIN CIR., SUITE 500
COLUMBIA, MD 21044

New Mailing Address:

10211 WINCOPIN CIRCLE
SUITE 500
COLUMBIA, MD 21044

FEI Number: 52-0892064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/04/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: TARANTINO, FREDERICK A
Address: 10211 WINCOPIN CIR., SUITE 500
City-St-Zip: COLUMBIA, MD 21044

Title: S
Name: BENSON, STEVEN P ESQ.
Address: 1025 CONNECTICUT AVE., NW, SUITE 400
City-St-Zip: WASHINGTON, DC 20006

Title: CFO
Name: HILSER, KARIN PHD
Address: 10211 WINCOPIN CIR., SUITE 500
City-St-Zip: COLUMBIA, MD 21044

Title: D
Name: BANKS, PETER
Address: 10211 WINCOPIN CIR., SUITE 500
City-St-Zip: COLUMBIA, MD 21044

Title: D
Name: DRAKE, MICHAEL
Address: 10211 WINCOPIN CIR., SUITE 500
City-St-Zip: COLUMBIA, MD 21044

Title: D
Name: BAUM, STEFI
Address: 10211 WINCOPIN CIR., SUITE 500
City-St-Zip: COLUMBIA, MD 21044

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM HULSEY

MR

01/04/2011

Electronic Signature of Signing Officer or Director

Date