

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90033 019 ****50.00

DOCUMENT # M05000003813

1. Entity Name
UNITED LAUNCH ALLIANCE, L.L.C.



Principal Place of Business	Mailing Address
12257 S. Wadsworth Blvd. Littleton, CO 80125	12257 S. Wadsworth Blvd. Littleton, CO 80125

20033575



03162006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0673845	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LOCKHEED MARTIN CROPORATION
STREET ADDRESS	6801 ROCKLEDGE DRIVE
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	MGRM
NAME	THE BOEING COMPANY
STREET ADDRESS	100 N. RIVERSIDE
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Frederick O. Kemmer* Frederick O. Kemmer 3-22-06
Assistant Secretary/Tax Matters Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #