

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90027 034 ****61.25

DOCUMENT # NO1000007318

1. Entity Name

AEROSPACE TECHNOLOGY ADVISORY COMMITTEE, INC.

Principal Place of Business

Mailing Address

**BCC-A
 BUILDING M6-306
 KENNEDY SPACE CENTER FL 32899**

**BCC-A
 BUILDING M6-306
 KENNEDY SPACE CENTER FL 32899**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOLLER, ALBERT M JR.
 2645 ROYAL OAK DRIVE
 TITUSVILLE FL 32780**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City

FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **HAUER, GEORGE**
 STREET ADDRESS **P. O. BOX 21072**
 CITY-ST-ZIP **KENNEDY SPACE CENTER FL 32815-0072**

TITLE **D** Change Addition
 NAME **Heard, Marshall L**
 STREET ADDRESS **FAAA, P.O. Box 1163**
 CITY-ST-ZIP **Tallahassee, Fl 32302**

TITLE **D** Delete
 NAME **HOSLEY, DAVID L DR.**
 STREET ADDRESS **8550 ASTRONAUT BOULEVARD, MC USK-155**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920-4304**

TITLE **D** Change Addition
 NAME **Gaedcke, Mark**
 STREET ADDRESS **8550 Astronaut Blvd, MC USA-155**
 CITY-ST-ZIP **Cape Canaveral, Fl 32920**

TITLE **D** Delete
 NAME **LENGYEL, RICHARD A**
 STREET ADDRESS **8550 ASTRONAUT BOULEVARD, MC USK-155**
 CITY-ST-ZIP **CAPE CANAVERAL FL 32920-4304**

TITLE **D** Change Addition
 NAME **Scredon, S. Richard**
 STREET ADDRESS **FSA, 100 Spaceport Way**
 CITY-ST-ZIP **Cape Canaveral, FL 32920**

TITLE **S** Delete
 NAME **KOLLER, ALBERT M JR.**
 STREET ADDRESS **BCC-A, BUILDING M6-306**
 CITY-ST-ZIP **KENNEDY SPACE CENTER FL 32899**

TITLE **MD** Change Addition
 NAME **Koller, Albert M. Jr.**
 STREET ADDRESS **BCC-A, M6-306**
 CITY-ST-ZIP **Kennedy Space Center, Fl 32899**

TITLE **D** Delete
 NAME **SHARPE, MARY**
 STREET ADDRESS **FSRI, BUILDING M6-306**
 CITY-ST-ZIP **KENNEDY SPACE CENTER FL 32899**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert M. Koller, Jr.
Albert M. Koller, JR. 4/25/02 321.449.5060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (9/01)