

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 23, 2004  
Secretary of State**

DOCUMENT# N01000007318

Entity Name: AEROSPACE TECHNOLOGY ADVISORY COMMITTEE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

BCC-SPACETEC  
BUILDING M6-306  
KENNEDY SPACE CENTER, FL 32899

**Current Mailing Address:**

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

**New Mailing Address:**

BCC-SPACETEC  
BUILDING M6-306  
KENNEDY SPACE CENTER, FL 32899

FEI Number: 04-3657623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAUER, GEORGE  
Address: P. O. BOX 21072  
City-St-Zip: KENNEDY SPACE CENTER, FL 328150072

Title: V ( ) Delete  
Name: HEARD, MARSHALL L  
Address: FAAA, PO BOX 1163  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) Delete  
Name: GAEDCKE, MARK  
Address: 8550 ASTRONAUT BLVD, MC USA-155  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MD ( ) Delete  
Name: KOLLER, ALBERT M JR.  
Address: BCC-A, BUILDING M6-306  
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

Title: D ( ) Delete  
Name: ELLEGOOD, EDDIE  
Address: FSRI, BUILDING M6-306  
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

Title: D ( ) Delete  
Name: VERA, GLENN  
Address: FSA, 100 SPACEPORT WAY  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALBERT M. KOLLER, JR.

MD

04/23/2004

Electronic Signature of Signing Officer or Director

Date