## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007318

FILED Apr 14, 2005 Secretary of State

Entity Name: AEROSPACE TECHNOLOGY ADVISORY COMMITTEE, INC.

Current Principal Place of Business:				New Principal Place of Business:			
BCC-SPACETEC BUILDING M6-306 KENNEDY SPACE CENTER, FL 32899				ATAC BCC/SPACETEC KENNEDY SPACE CENTER, FL 32899			
Current Mailing Address:				New Mailing Address:			
BCC-SPACETEC BUILDING M6-306 KENNEDY SPACE CENTER, FL 32899				ATAC BCC/SPACETEC KENNEDY SPACE CENTER, FL 32899			
FEI Number:	04-3657623	FEI Number Applied For ( )	FEI Nui	mber Not App	licable ( )	Certificate of Statu	us Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address o	of New Registered	Agent:
2645 ROÝ/ TITUSVILL	ALBERT M JR. AL OAK DRIVE .E, FL 32780	US					
	named entity s e of Florida.	ubmits this statement for the p	ourpose o	of changing i	its registere	d office or registered	d agent, or both,
SIGNATUF	RE:						
	Electroni	c Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HAUER, GEORG P. O. BOX 2107			Title: Name: Address: City-St-Zip:		() Change () Addition	n
Title: Name: Address: City-St-Zip:	V () HEARD, MARSH FAAA, PO BOX TALLAHASSEE,	1163		Title: Name: Address: City-St-Zip:	V HEARD, MA 620 APACH MERRITT IS		1
Title: Name: Address: City-St-Zip:	GAEDCKE, MAR	UT BLVD, MC USA-155		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	1
Title: Name: Address: City-St-Zip:	KOLLER, ALBEF BCC-A, BUILDIN			Title: Name: Address: City-St-Zip:		(X) Change ( ) Additior LBERT M JR. IL OAK DRIVE E, FL 32780	י
Title: Name: Address: City-St-Zip:	ELLEGOOD, ED FSRI, BUILDING			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	1
Title: Name: Address: City-St-Zip:	D () VERA, GLENN FSA, 100 SPACE CAPE CANAVER			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	n

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 04/14/2005