2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N01000007318

Entity Name: AEROSPACE TECHNOLOGY ADVISORY COMMITTEE, INC.

Current Principal Place of Business:

ATAC
BCC/SPACETEC
KENNEDY SPACE CENTER, FL 32899

New Principal Place of Business:

ATAC
MAIL CODE: SPACETEC
KENNEDY SPACE CENTER, FL 32899

Current Mailing Address:

ATAC
BCC/SPACETEC
KENNEDY SPACE CENTER, FL 32899

New Mailing Address:

ATAC
MAIL CODE: SPACETEC
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 US

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:	620 APACHE TRAIL	
City-St-Zip:	MERRITT ISLAND, FL 32953	
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:	2645 ROYAL OAK DRIVE	
City-St-Zip:	TITUSVILLE, FL 32780	
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 Chapter 119, 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 04/26/2006
Electronic Signature of Signing Officer or Director — Date