

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007318

FILED
Apr 29, 2003
Secretary of State

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:

Current Mailing Address:

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

New Mailing Address:

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: D () 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: SHARPE, MARY
Address: FSRI, BUILDING M6-306
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

Title: D () Delete
Name: SCREDON, S RICHARD
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: V (X) Change () Addition
Name: HEARD, MARSHALL L
Address: FAAA, PO BOX 1163
City-St-Zip: TALLAHASSEE, FL 32302

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

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

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

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

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

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date