2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N94000001319

Entity Name: COMMUNITY COLLEGES FOR INNOVATIVE TECHNOLOGY TRANSFER, INC.

Current Principal Place of Business:

1519 CLEARLAKE ROAD
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1519 CLEARLAKE ROAD
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3336075 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAMBLE, DR. THOMAS E
BREVARD COMMUNITY COLLEGE
1519 CLEARLAKE RD
COCOA, FL 32922

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: DT ( ) Delete
Name: HAYES, HOMER DR
Address: 1200 AUBURN RD
City-St-Zip: TEXAS CITY, TX 77591

Title: D ( ) Delete
Name: WILLIAMS, RONALD A
Address: PRINCE GEORGE'S COMMUNITY COLLEGE
City-St-Zip: LARGO, MD 207722199

Title: DP ( ) Delete
Name: CARPENTER, RICHARD G
Address: PO BOX 7874
City-St-Zip: MADISON, WI 53707

Title: DVP ( ) Delete
Name: GAMBLE, THOMAS E
Address: BREVARD COMMUNITY COLLEGE
City-St-Zip: COCOA, FL 32922

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: DM ( ) Change (X) Addition
Name: KOLLER, ALBERT M JR.
Address: BCC/SPACETEC
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

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. DM 04/23/2004

Electronic Signature of Signing Officer or Director — Date