

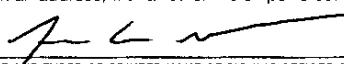


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90026 007 \*\*\*\*61.25

<b>DOCUMENT # N01000007318</b> 1. Entity Name <b>AEROSPACE TECHNOLOGY ADVISORY COMMITTEE, INC.</b>					
Principal Place of Business <b>ATAC</b> <b>MAIL CODE: SPACETEC</b> <b>KENNEDY SPACE CENTER, FL 32899</b>			Mailing Address <b>ATAC</b> <b>MAIL CODE: SPACETEC</b> <b>KENNEDY SPACE CENTER, FL 32899</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04142008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>04-3657623</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>KOLLER, ALBERT M JR.</b> <b>2645 ROYAL OAK DRIVE</b> <b>TITUSVILLE, FL 32780</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Margiotta, Frank</b> Street Address (P.O. Box Number is Not Acceptable) <b>39 Barton Ave</b> City <b>Rockledge</b> FL    Zip Code <b>32955</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <b>Frank Margiotta Executive Director</b> DATE <b>4/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAUER, GEORGE P. O. BOX 21072 KENNEDY SPACE CENTER, FL 328150072	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEARD, MARSHALL L 620 APACHE TRAIL MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAEDCKE, MARK 8550 ASTRONAUT BLVD, MC USA-155 CAPE CANAVERAL, FL 32920	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KOLLER, ALBERT M JR. 2645 ROYAL OAK DRIVE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD Margiotta, Frank mail code: SpaceTEC Kennedy Space Center, FL 32899 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLEGOOD, EDDIE FSRI, BUILDING M6-306 KENNEDY SPACE CENTER, FL 32899	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFFITTE, ADRIAN 1265 MERCEDES DRIVE MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>4-14-08 (321) 730-1020</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		