

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001319

FILED  
May 19, 2008  
Secretary of State

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

**Current Principal Place of Business:**

CCITT, INC.  
MAIL CODE: SPACETEC  
KENNEDY SPACE CENTER, FL 32899

**New Principal Place of Business:**

**Current Mailing Address:**

CCITT, INC.  
MAIL CODE: SPACETEC  
KENNEDY SPACE CENTER, FL 32899

**New Mailing Address:**

**FEI Number:** 59-3336075      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KOLLER, ALBERT M JR.  
2645 ROYAL OAK DRIVE  
TITUSVILLE, FL 32780      US

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

Title: D      ( ) Delete  
Name: KLINCAR, THOMAS D  
Address: COMMUNITY COLLEGE OF THE AIR FORCE  
City-St-Zip: MAXWELL AFB, AL 36112 66

Title: DT      ( ) Delete  
Name: CARPENTER, RICHARD G  
Address: COMMUNITY COLLEGE OF SOUTHERN NEVADA  
City-St-Zip: LAS VEGAS, NV 89146 11

Title: DVP      ( ) Delete  
Name: DRAKE, JAMES A  
Address: BREVARD COMMUNITY COLLEGE  
City-St-Zip: COCOA, FL 32922

Title: DM      ( ) Delete  
Name: KOLLER, ALBERT M JR.  
Address: MAIL CODE: SPACETEC  
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

**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:

I hereby certify that the information supplied with this filing does not qualify 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.

DN

05/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date