

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007318

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC6284025267**

**Entity Name:** ADVANCED TECHNOLOGY ADVISORY COMMITTEE, INC.

**Current Principal Place of Business:**

ATAC C/O SPACETEC  
7099 N. ATLANTIC AVENUE SUITE300  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

ATAC C/O SPACETEC  
7099 N. ATLANTIC AVENUE SUITE300  
CAPE CANAVERAL, FL 32920 US

**FEI Number: 04-3657623**

**Certificate of Status Desired: No**

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

SPACETEC PARTNERS, INC.  
SPACETEC  
7099 N. ATLANTIC AVENUE SUITE300  
CAPE CANAVERAL, FL 32920 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

**Officer/Director Detail :**

Title DM  
Name KANE, STEVEN G  
Address SPACETEC  
7099 N. ATLANTIC AVENUE SUITE300  
City-State-Zip: CAPE CANAVERAL FL 32920

Title DP  
Name GULLIVER, KEVIN  
Address 300 S. JOHN RODES BLVD  
City-State-Zip: MELBOURNE FL 32904

Title DVP  
Name FISHER, PHILIPPE  
Address 6611 SO. MERIDIAN  
City-State-Zip: OKLAHOMA CITY OK 73159

Title DS/T  
Name JAMES, SWINDELL  
Address 801 RIGEL DR. SW  
City-State-Zip: DECATURE AL 35603

*I hereby 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 all other like empowered.*

**SIGNATURE: KANE, STEVEN G**

**DM**

**01/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date