

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400006210

Entity Name: ASTROTECH SPACE OPERATIONS, LLC

Current Principal Place of Business:

1515 CHAFFEE DR
TITUSVILLE, FL 32780

Current Mailing Address:

PO BOX 61511
BLDG 100, RM U4632
KING OF PRUSSIA, PA 19406 US

FEI Number: 47-1561780

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title DIRECTOR, SECRETARY
Name MCNULTY, DANIEL A
Address 12257 S WADSWORTH BLVD
City-State-Zip: LITTLETON CO 80125

Title DIRECTOR, CHAIRMAN
Name REGAN, PAUL J
Address PO BOX 179
City-State-Zip: DENVER CO 80201

Title DIRECTOR, PRESIDENT
Name WHITE, DON M JR.
Address 1515 CHAFFEE DR
City-State-Zip: TITUSVILLE FL 32780

Title ASST. SECRETARY
Name ALLEN, KATHY L
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name CORDERO, MARITZA
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name HEYWOOD, DAVID A
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. TREASURER
Name WHITNEY, RENA H
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY
Name ARDOUREL, BRITTNEY L
Address PO BOX 179
City-State-Zip: DENVER CO 80201

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD P MARTIN

ASSISTANT SECRETARY 04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name SATTLER, JULIE A
Address 1111 LOCKHEED MARTIN WAY
City-State-Zip: SUNNYVALE CA 94089

Title ASST. SECRETARY
Name MARTIN, DONALD P
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

Title ASST. SECRETARY
Name BRADDEN, CHANEL M
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name LINDELL, SCOTT D
Address PO BOX 179
City-State-Zip: DENVER CO 80201

Title ASST. SECRETARY
Name FASICK, JEFFREY K
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title VP, TREASURER
Name MOLLARD, JOHN W
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817