

2024 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 M7023
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, PRESIDENT
Name WHITE, DON M JR
Address 1102 JOHN GLENN BLVD
City-State-Zip: TITUSVILLE FL 32780

Title ASST. SECRETARY
Name ZENCAK, KEVIN F
Address 230 MALL BLVD
City-State-Zip: KING OF PRUSSIA PA 19406

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

Title ASST. SECRETARY, VP
Name STEVENS, JOHN E
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

Title VP, TREASURER
Name SCOTT, EVAN T
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

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

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

Title ASST. SECRETARY, VP
Name DOSHI SOOD, URVI
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

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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: KEVIN F ZENCAK

ASST SECRETARY

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name CORDERO, RAMON P
Address 6801 ROCKLEDGE DR
City-State-Zip: BETHESDA MD 20817

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

Title DIRECTOR
Name CARPENTER, MICHAEL C
Address 6900 MAIN ST
City-State-Zip: STRATFORD CT 06615

Title DIRECTOR
Name HANLON, MARC D
Address 12257 S WADSWORTH BLVD
City-State-Zip: LITTLETON CO 80125

Title CHAIRMAN, DIRECTOR
Name BROECKER, ADAM J
Address 12257 S WADSWORTH BLVD
City-State-Zip: LITTLETON CO 80125

Title DIRECTOR
Name BROWN, ERIC J
Address 1515 CHAFFEE DR
City-State-Zip: TITUSVILLE FL 32780

Title DIRECTOR
Name DRISCOLL, DANIEL J
Address 8740 LUCENT BLVD
City-State-Zip: HIGHLANDS RANCH CO 80129

Title DIRECTOR
Name WATTS, KATE S
Address 1515 CHAFFEE DR
City-State-Zip: TITUSVILLE FL 32780