

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002556

FILED
Jan 20, 2009
Secretary of State

Entity Name: UNITED SPACE ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

1150 GEMINI
USH-102A
HOUSTON, TX 77058 US

New Principal Place of Business:

Current Mailing Address:

1150 GEMINI
USH-102A
HOUSTON, TX 77058 US

New Mailing Address:

FEI Number: 76-0668924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: GOOKINS, NORM
Address: 1150 GEMINI, MC: USH-300E
City-St-Zip: HOUSTON, TX 77058

Title: TD () Delete
Name: CAPEL, WILLIAM R
Address: 1150 GEMINI, MC: USH-200E
City-St-Zip: HOUSTON, TX 77058

Title: S () Delete
Name: GROVES, EILEEN A
Address: 1150 GEMINI, MC: USH-102A
City-St-Zip: HOUSTON, TX 77058

Title: D () Delete
Name: DIEMOZ, DENNIS K
Address: 1150 GEMINI, MC: USH-102A
City-St-Zip: HOUSTON, TX 77058

Title: D () Delete
Name: COVEY, RICHARD
Address: 1150 GEMINI, MC: USH102A
City-St-Zip: HOUSTON, TX 77058

Title: D (X) Delete
Name: ACKAVACE, WILLIAM
Address: 1150 GEMINI MC: USH102A
City-St-Zip: HOUSTON, TX 77058

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:

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: V. RINCONES FOR D. DIEMOZ

D

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date