

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002539

1. Entity Name
ASRC AEROSPACE CORP



Principal Place of Business

**6303 IVY LANE
SUITE 800
GREENBELT, MD 20770**

Mailing Address

**ASRC AEROSPACE
ASRC-31
KENNEDY SPACE CENTER, FL 32899**



02182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2055828

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABMROSE, RICHARD
STREET ADDRESS	6303 IVY LANE, SUITE 800
CITY-ST-ZIP	GREENBELT, MD 20770
TITLE	S
NAME	AAMODT, PATSEY
STREET ADDRESS	3900 C STREET, SUITE 801
CITY-ST-ZIP	ANCHORAGE, AK 99503
TITLE	D
NAME	BROWER, CHARLES
STREET ADDRESS	3900 C STREET, SUITE 801
CITY-ST-ZIP	ANCHORAGE, AK 99503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/05 (301) 837-5441