



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90044 017 ****70.00

DOCUMENT # F04000003800 1. Entity Name UNITED STATES SPACE FOUNDATION (COLORADO), INC.			
Principal Place of Business 707 MULLET DRIVE, SUITE 201 PORT CANAVERAL, FL 32920		Mailing Address 707 MULLET DRIVE, SUITE 201 PORT CANAVERAL, FL 32920	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 310 S. 14th Street Suite, Apt. #, etc. City & State Colorado Springs, CO Zip Country 80904	
		50013885 	
		02012005 Chg-NP CR2E037 (10/03)	
		4. FEI Number 31-1653556 Applied For Not Applicable	
		5. Certificate of Status Desired XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANKE, JAMES 707 MULLET DRIVE, SUITE 201 PORT CANAVERAL, FL 32920		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HIGGINBOTHAM, JOHN 11911 FREEDOM DRIVE, SUITE 500 RESTON, VA 20190 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Higginbotham, John 1191 Freedom Dr., Suite 500 Reston, VA 20190 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC THE HONORABLE ROBERT S. WALKER 1317 F STREET, NW, SUITE 600 WASHINGTON, DC 20004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pulham, Elliot 310 S. 14th Street Colorado Springs, CO 80904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOORMAN, GENERAL THOMAS S JR 8283 GREENSBORO DRIVE MCLEAN, VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Roberts, Holly 310 S.14th Street Colorado Springs, CO 80904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DALE, JALEH JR 1850 SAND HILL ROAD, BUILDING 2, NO. 26 PALO ALTO, CA 93404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Zimkas, Charles 310 S. 14th Street Colorado Springs, CO 80904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLHAUS, WILLIAM F DR., JR 2350 EAST EL SEGUNDO BLVD EL SEGUNDO, CA 902452934 <input type="checkbox"/> Delete	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.09(3)(f), 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 617, 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: <u>Holly S. Roberts, CFO</u> 2/3/05 719.576.8000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			