


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 002 ****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 310 S 14TH STREET COLORADO SPRINGS, CO 80904
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40116400



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02262007 Chg-NP CR2E037 (12/06)

4. FEI Number 31-1653556	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$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 Rosalind Clark Street Address (P.O. Box Number is Not Acceptable) 707 Mullet Drive, Suite 201 City Port Canaveral FL Zip Code 32920	
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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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	V ROBERTS, HOLLY 310 S 14TH ST COLORADO SPRINGS, CO 80904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elliott Pulham 310 S. 14th ST Colorado Springs, CO 80904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C 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	Chuck Zinkas 310 S. 14th ST Colorado Springs, CO 80904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MOORMAN, GENERAL THOMAS S JR 8283 GREENSBORO DRIVE MCLEAN, VA 22102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lon Levin 3007 Oregon Knowles Drive N.W. Washington, DC 20015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BALLHAUS, WILLIAM F DR., JR 2350 EAST EL SEGUNDO BLVD EL SEGUNDO, CA 902452934 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUFORD, GUION S DR P.O. BOX 549 NORTH OLMSTED, OH 44070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature] **Holly Roberts, CFO**

5/14/07 719-576-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #