


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2008 8:00 am**  
**Secretary of State**

07-15-2008 90061 047 \*\*\*\*61.25

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # F04000003800</b>  |   |   |   |                       |  |
| <b>1. Entity Name</b><br>UNITED STATES SPACE FOUNDATION (COLORADO), INC.  |   |   |   |  |  |
| <b>Principal Place of Business</b><br>707 MULLET DRIVE, SUITE 201<br>PORT CANAVERAL, FL 32920   |   |   | <b>Mailing Address</b><br>310 S 14TH STREET<br>COLORADO SPRINGS, CO 80904   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>1980 North Atlantic Ave  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.  |   |  |  |
| Suite, Apt. #, etc.<br>Suite 812  |   | Suite, Apt. #, etc.   |   |  |  |
| City & State<br>Cocoa Beach FL  |   | City & State  |   | <b>4. FEI Number</b><br>31-1653556   |  |
| Zip<br>32931  |   | Country   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CLARK, REGALIND<br>707 MULLET DRIVE, SUITE 201<br>PORT CANAVERAL, FL 32920  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name: Rosalind Clark<br>Street Address (P.O. Box Number is Not Acceptable): 1980 North Atlantic Avenue<br>Suite 812<br>City: Cocoa Beach FL Zip Code: 32931 |  |  |
| <b>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.</b><br><br>SIGNATURE: <u>Rosalind Clark</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V<br>ROBERTS, HOLLY<br>310 S 14TH ST<br>COLORADO SPRINGS, CO 80904                          | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | C<br>THE HONARABLE ROBERT S. WALKER<br>1317 F STREET, NW, SUITE 600<br>WASHINGTON, DC 20004 | <input checked="" type="checkbox"/> Delete  |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VC<br>MOORMAN, GENERAL THOMAS S JR<br>8283 GREENSBORO DRIVE<br>MCLEAN, VA 22102             | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>PULHAM, ELLIOT<br>310 S. 14TH ST.<br>COLORADO SPRINGS, CO 80904                        | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BALLHAUS, WILLIAM F DR., JR<br>2350 EAST EL SEGUNDO BLVD<br>EL SEGUNDO, CA 902452934   | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ZIMKAS, CHUCK<br>310 S. 14TH ST.<br>COLORADO SPRINGS, CO 80904                         | <input type="checkbox"/> Delete   |   |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ZIMKAS, CHUCK<br>310 S. 14TH ST.<br>COLORADO SPRINGS, CO 80904                         | <input type="checkbox"/> Delete   |   |  |  |
| <b>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.</b> |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Holly S. Roberts</u> <u>7/9/08</u> <u>(719) 576-8000</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |  |  |

40110954



07092008 Chg-NP CR2E037 (12/06)