

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90357 043 ***150.00

DOCUMENT # F97000001041

1. Entity Name
ASTROTECH SPACE OPERATIONS, INC.

Principal Place of Business 300 "D" STREET S.W. STE 814 WASHINGTON DC 20024	Mailing Address 300 "D" STREET S.W. STE 814 WASHINGTON DC 20024-4703
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1836653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME LEE, CHESTER M	
STREET ADDRESS 300 "D" STREET SW, #814	
CITY-ST-ZIP WASHINGTON DC 20024	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME BAKER, GEORGE	
STREET ADDRESS 300 "D" STREET, SW #814	
CITY-ST-ZIP WASHINGTON DC 20024	
TITLE VT	<input checked="" type="checkbox"/> Delete
NAME GRAYSON, MARGARET E	
STREET ADDRESS 300 "D" STREET, SW, #814	
CITY-ST-ZIP WASHINGTON DC 20024	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME DAWSON, WILLIAM S	
STREET ADDRESS 300 "D" STREET, SW, #814	
CITY-ST-ZIP WASHINGTON DC 20024	
TITLE COB	<input type="checkbox"/> Delete
NAME HARRISON, SHELLEY A	
STREET ADDRESS 300 "D" STREET SW #814	
CITY-ST-ZIP WASHINGTON DC 20024	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME George D. Baker	
STREET ADDRESS 300 D Street, SW, Suite 814	
CITY-ST-ZIP Washington, D.C., 20024	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME John Satrom	
STREET ADDRESS 300 D Street, SW, Suite 814	
CITY-ST-ZIP Washington, D.C., 20024	
TITLE CFO/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Julia Pulzone	
STREET ADDRESS 300 D Street, SW, Suite 814	
CITY-ST-ZIP Washington, D.C., 20024	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George D. Baker 4/25/00 George D. Baker 301-982-7876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)