FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:01

DOCUMENT # K70919 (1)

1. Corporation Name
AEROTEK SERVICES, INC. - KENNEDY SPACE CENTER DIVISION

Principal Place of Business	Mailing Address
520 BREVARD AVENUE COCOA FL 32922	P.O. BOX 126 COCOA FL 32923-0126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1989
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2947517 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENFIELD, STEPHANIE
~~2514 N. INDIAN RIVER DRIVE~~
COCOA FL ~~32922~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 4635 N. Friday Circle
83
84 City FL 85 Zip Code 32926

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	☒ Change	☐ Addition
NAME	GREENFIELD, T. KYLE	1.2 NAME	Please Delete	
STREET ADDRESS	4635 N. FRIDAY CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	Add President ☒ Change	☐ Addition
NAME	GREENFIELD, STEPHANIE	2.2 NAME		
STREET ADDRESS	4635 N FRIDAY CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	☐ Change	☐ Addition
NAME	VALLANCE, CHARLES A	3.2 NAME		
STREET ADDRESS	5334 SE 52ND DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	☐ Change	☐ Addition
NAME	DIVELY, ROGEST W II	4.2 NAME		
STREET ADDRESS	750 ROBIN WAY SOUTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephanie S. Greenfield, Sec'y/Treas. 01/18/95 (407) 631-2659
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Stephanie S. Greenfield, Secretary/Treasurer

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