


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAR 30 PM 2:00 <i>mtm</i> 4/1	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L98000000023			
THE LAUNCH SUPPORT COMPANY, L.C. 400 WEST CENTRAL BLVD. CAPE CANAVERAL FL 32920		1a. Principal Place of Business Address  400 WEST CENTRAL BLVD. CAPE CANAVERAL FL 32920			
2. Principal Place of Business 8810 Astronaut Blvd Suite, Apt. #, etc. Suite 138 City & State Cape Canaveral, FL 32920 Zip 32920		2a. Mailing Address 8810 Astronaut Blvd. Suite, Apt. #, etc. Suite 138 City & State Cape Canaveral, FL 32920 Zip 32920		3. Date Organized or Qualified 12/31/1997 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent  F&L CORP., 200 LAURA STREET JACKSONVILLE FL 32202			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	NEEB, WILLIAM F	45 WILLIAMS STREET		WELLESLEY MA	
MGR	SHETTERLY, JOHN A	45 WILLIAMS STREET		WELLESLEY MA	
MGR	WILLIAMS, C M	45 WILLIAMS STREET		WELLESLEY MA	
MGR	KUCHARSKI, JOHN M	45 WILLIAMS STREET		WELLESLEY MA	
MGR	FILTEAU, MARK C	7315 NORTH ATLANTIC AVENUE		CAPE CANAVERAL FL	
MGR	TYLER, DALE D	7315 NORTH ATLANTIC AVENUE		CAPE CANAVERAL FL	

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Richard V. Jolley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Mar 23, 1998

Date

Daytime Phone #