

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004849

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** UNITED SPACE ALLIANCE MISSION OPERATIONS, LLC

**Current Principal Place of Business:**

1150 GEMINI  
USH-211B  
HOUSTON, TX 77058

**New Principal Place of Business:**

**Current Mailing Address:**

600 GEMINI  
USH-211B  
HOUSTON, TX 77058

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ATD  
Name:                      PROTER, EDWIN S  
Address:                      600 GEMINI, USH-211A  
City-St-Zip:                      HOUSTON, TX 77058

Title:                      MGR  
Name:                      CRANNELL, KATHLEEN M  
Address:                      1102 JOHN GLENN BLVD.  
City-St-Zip:                      TITUSVILLE, FL 32780

Title:                      MGR  
Name:                      HAMMOND, HARRY N  
Address:                      1150 GEMINI AVE USH - 100D  
City-St-Zip:                      HOUSTON, TX 77058

Title:                      MGR  
Name:                      GEDIES, LUCILLE P  
Address:                      1150 GEMINI, USH-212L  
City-St-Zip:                      HOUSTON, TX 77058

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: EDWIN S. PROTER

ATD

03/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date