2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004852

Address:

City-St-Zip:

Entity Name: UNITED SPACE ALLIANCE SPACE OPERATIONS, LLC

FILED Apr 16, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1150 GEMINI 1150 GEMINI HOUSTON, TX 77058 USH-211B HOUSTON, TX 77058 **Current Mailing Address: New Mailing Address:** 1150 GEMINI 600 GEMINI HOUSTON, TX 77058 USH-211B HOUSTON, TX 77058 FEI Number: 26-3799246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: ADDITIONS/CHANGES: MGR () Delete Title: () Change () Addition PROTER, EDWIN S. Name: Name: Address: 1150 GEMINI Address: City-St-Zip: HOUSTON, TX 77058 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: DIEMOZ, DENNIS K. Name: CRANNELL, KATHLEEN M. Address: 1150 GEMINI Address: 8550 ASTRONAUT BLVD, USK-T21 City-St-Zip: HOUSTON, TX 77058 City-St-Zip: CAPE CANAVERAL, FL 32920 Title: () Delete Title: MGR () Change (X) Addition JONES, MICHAEL H. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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.

Address:

City-St-Zip:

1150 GEMINI, USH-130A

HOUSTON, TX 77058

SIGNATURE: EDWIN S. PROTER MGR 04/16/2009