

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P16666** (0)

1. Corporation Name

**ASTROTECH SPACE OPERATIONS, INCORPORATED**



Principal Place of Business

Mailing Address

32 LOOCKERMAN SQUARE  
SUITE L-100  
DOVER DE 19901

32 LOOCKERMAN SQUARE  
SUITE L-100  
DOVER DE 19901

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 1200 South Pine Island Rd.  
23 City & State  
Plantation, FL  
24 Zip 33324  
25 Country USA

26 Suite, Apt. #, etc.  
27 1200 South Pine Island Rd.  
28 City & State  
Plantation, FL  
29 Zip 33324  
30 Country USA

3. Date Incorporated or Qualified

11/03/1987

3a. Date of Last Report

02/06/1995

4. FEI Number

25-1537452

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Signature typed to protect name of registered agent and is not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BORKOWSKI, M.F.	
STREET ADDRESS	920 ELKRIDGE LANDING RD.	
CITY-STATE-ZIP	LINTHICUM MD 21090	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IORIZZO, R.P.	
STREET ADDRESS	920 ELKRIDGE LANDING RD.	
CITY-STATE-ZIP	LINTHICUM MD 21090	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MORF, C.E.	
STREET ADDRESS	11 STANWIX ST.	
CITY-STATE-ZIP	PITTSBURGH PA 15222	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GROHOWSKI, J.C.	
STREET ADDRESS	920 ELKRIDGE LANDING RD.	
CITY-STATE-ZIP	LINTHICUM MD 21090	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SPEAR, D.S.	
STREET ADDRESS	11 STANWIX STREET	
CITY-STATE-ZIP	PITTSBURGH PA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HAYS, C.M.	
STREET ADDRESS	11 STANWIX ST.	
CITY-STATE-ZIP	PITTSBURGH PA 15222	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wheeler, E.B.	
1.3 STREET ADDRESS	920 ElkrIDGE Landing Rd.	
1.4 CITY-STATE-ZIP	Linthicum, MD 21090	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bachy, D.M.	
6.3 STREET ADDRESS	11 Stanwix Street	
6.4 CITY-STATE-ZIP	Pittsburgh, PA 15222	

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)(k), 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:

*D. M. Bachy*

D. M. Bachy, Secretary

1/23/96

412-642-5260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)