

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P16666 (0)**  
 1. Corporation Name  
**ASTROTECH SPACE OPERATIONS, INCORPORATED**



|   |  |
|---|--|
| Principal Place of Business<br><b>1200 S PINE ISL RD<br/>         PLANTATION FL 33324<br/>         US</b> | Mailing Address<br><b>1200 S PINE ISL RD<br/>         PLANTATION FL 33324-4413<br/>         US</b> |
|---|--|

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| <b>2. Principal Place of Business</b><br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip <b>25</b> Country<br><b>24</b> |  | <b>2a. Mailing Address</b><br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip <b>30</b> Country                                |  | <b>3. Date Incorporated or Qualified</b><br><b>11/03/1987</b> | <b>3a. Date of Last Report</b><br><b>02/05/1996</b> |
|  |  | <b>4. FEI Number</b><br><b>25-1537452</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable        |   |
|  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>                         |   |
|  |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>                            |   |
|  |  | <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>9. Name and Address of Current Registered Agent</b><br><b>CT CORPORATION SYSTEM</b><br><b>C/O CT CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND RD.</b><br><b>PLANTATION FL 33324</b> |  |  |  | <b>10. Name and Address of New Registered Agent</b><br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | CD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | WHEELER, E.B.                      | 1.2 NAME  |  |
| STREET ADDRESS             | 920 ELKRIDGE LANDING RD.           | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LINTHICUM MD                       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | IORIZZO, R.P.                      | 2.2 NAME  |  |
| STREET ADDRESS             | 920 ELKRIDGE LANDING RD.           | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LINTHICUM MD 21090                 | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MORF, C.E.                         | 3.2 NAME  | Controller   |
| STREET ADDRESS             | 11 STANWIX ST.                     | 3.3 STREET ADDRESS                                    | Krantz, K. C.  |
| CITY-ST-ZIP                | PITTSBURGH PA 15222                | 3.4 CITY-ST-ZIP                                       | 920 ElkrIDGE Landing Rd<br>Linthicum, MD 21090                               |
| TITLE                      | DP <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GROHOWSKI, J.C.                    | 4.2 NAME  |  |
| STREET ADDRESS             | 920 ELKRIDGE LANDING RD.           | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LINTHICUM MD 21090                 | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BACHY, D.M.                        | 5.2 NAME  | Assistant Secretary  |
| STREET ADDRESS             | 11 STANWIX ST.                     | 5.3 STREET ADDRESS                                    | Henry P. L.  |
| CITY-ST-ZIP                | PITTSBURGH PA                      | 5.4 CITY-ST-ZIP                                       | 920 ElkrIDGE Landing Rd.<br>Linthicum, MD 21090                              |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: \_\_\_\_\_ (310)201-3373  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)