

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455281

FILED
Jan 03, 2011
Secretary of State

Entity Name: IAP WORLD SERVICES, INC.

Current Principal Place of Business:

7315 N. ATLANTIC AVE
LEGAL DEPT.
CAPE CANAVERAL, FL 32920 US

New Principal Place of Business:

Current Mailing Address:

7315 N. ATLANTIC AVE
LEGAL DEPT.
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 59-1575859 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: VP
Name: LEMON, PHILLIP R
Address: 7315 N. ATLANTIC AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: SEC
Name: BROSTROM, KENT D
Address: 7315 N. ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 39290 US

Title: TREA
Name: PEIFFER, CHARLES D
Address: 7315 N ATLANTIC AVE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VP
Name: THARP, DAVID A P.E.
Address: 299 PARK AVENUE
City-St-Zip: NEW YORK, NY 10171 US

Title: PRES
Name: PHILLIPS, ROBERT L
Address: 7315 N ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: DIR
Name: PHILLIPS, ROBERT L
Address: 7315 N. ATLANTIC AVENUE
City-St-Zip: CAPE CANAVERAL, FL 32920

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENT D BROSTROM

SEC

01/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date