

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003316

FILED
Jan 23, 2013
Secretary of State
CC4875647245

Entity Name: NATIONAL AUTOMOTIVE SERVICE TASK FORCE, INC.

Current Principal Place of Business:

176 SAINT JOHNS FOREST
SAINT JOHNS, FL 32259

Current Mailing Address:

176 SAINT JOHNS FOREST
SAINT JOHNS, FL 32259

FEI Number: 76-0837727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POTTER, SKIP
176 SAINT JOHNS FOREST
SAINT JOHNS, FL 32259 US

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

Officer/Director Detail :

Title PC
Name PYLE, RON
Address P.O. BOX 929
City-State-Zip: BEDFORD TX 76095-0929

Title VC
Name PENNEBAKER, ALLEN
Address C/O ORINDA MOTORS 63 ORINDA WAY
City-State-Zip: ORINDA CA 94563

Title TREASURER, SECRETARY
Name HANDSCHUH, STEVE
Address C/O AASA 10 LABORATORY DR
City-State-Zip: RESEARCH TRIANGLE PARK NC 27709

Title CHAIRMAN
Name GORMAN, CHARLIE
Address 305 N JEFFERSON ST
City-State-Zip: HARVARD IL 60033-3035

Title DR
Name BROWN, SCOTT
Address 640 W LAMBERG RD
City-State-Zip: BREA CA 92821

Title DIRECTOR
Name CABANISS, JOHN
Address 1050 K STREET NW SUITE 650
City-State-Zip: WASHINGTON DC 20001

Title DIRECTOR
Name DOUGLASS, STEVE
Address 1415 L. STREET SUITE 1190
City-State-Zip: SACRAMENTO CA 95814

Title DIRECTOR
Name GREENHAUS, DOUG
Address 8400 WEST WESTPARK DR
City-State-Zip: MCLEAN VA 22102

Continues on page 2

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLIE GORMAN

CHAIR

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LYPEN, JOHN
Address 1301 W. LONG LAKE RD.
SUITE 300
City-State-Zip: TROY MI 48098

Title DIRECTOR
Name MILLER, KAREN
Address 517 SUNNY'S HALO COURT
SUITE 200
City-State-Zip: HENDERSON NV 89015

Title DIRECTOR
Name MOLLA, TONY
Address 101 BLUE SEAL DR SE
City-State-Zip: LEESBERG VA 20175