

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003316

**FILED**  
**May 28, 2014**  
**Secretary of State**  
**CC3552014322**

**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 CHAIRMAN  
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 IMMEDIATE PAST 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 VC  
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

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

**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:** PENNEBAKER, ALLEN

**CHAIR**

**05/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name HENSLEY, CLAUDE  
Address 6236 PARK  
City-State-Zip: PINELLAS PARK FL 33781

Title DIRECTOR  
Name MOSS, BILL  
Address 6583 MERCHANT PLACE  
SUTIE 304  
City-State-Zip: WARRENTON VA 20187

Title DIRECTOR  
Name SCHAMTZ, KATHLEEN  
Address 19001 SOUTH WESTERN AVE  
SUITE 203  
City-State-Zip: TORRANCE CA 90501

Title DIRECTOR  
Name SEYFER, DONNY  
Address 4501 HARLAN ST  
City-State-Zip: WHEAT RIDGE CO 80033

Title DIRECTOR  
Name CHESNEY, CHESNEY  
Address P.O. BOX 26929  
City-State-Zip: RALEIGH NC 27611

Title DIRECTOR  
Name LONG, BILL  
Address 10 LABORATORY  
City-State-Zip: RESEARCH TRIANGLE PARK NC  
27709

Title DIRECTOR  
Name SAXONBERG, MARK  
Address 19001 SOUTH WESTERN AVE  
SUITE 203  
City-State-Zip: TORRANCE CA 90501

Title DIRECTOR  
Name SCHMATZ, KATHLEEN  
Address 7101 WINSCONSIN AVE  
SUITE 1300  
City-State-Zip: BETHESDA MD 20814