

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000007807

Entity Name: NEW MEXICO CONSORTIUM INC.**Current Principal Place of Business:**4200 WEST JEMEZ ROAD SUITE 301
LOS ALAMOS, NM 87544**Current Mailing Address:**4200 WEST JEMEZ ROAD SUITE 301
LOS ALAMOS, NM 87544 US**FEI Number:** 26-0370262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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 P
Name FISHER, ELLEN
Address 1 UNM, MSC08
City-State-Zip: ALBUQUERQUE NM 87131

Title D
Name CIFUENTES, LUIS
Address 4200 WEST JEMEZ ROAD SUITE 301
City-State-Zip: LOS ALAMOS NM 87544

Title S
Name ROMERO, CARLOS
Address 4200 WEST JEMEZ ROAD SUITE 301
City-State-Zip: LOS ALAMOS NM 87544

Title T
Name ZOLLNER, DR. STEFAN
Address NEW MEXICO STATE UNIVERSITY
City-State-Zip: LAS CRUCES NM 88001

Title D
Name DUNBAR, NELIA
Address 801 LEROY PL
City-State-Zip: SOCORRO NM 87801

Title D
Name SARRAO, JOHN
Address PO BOX 1663
City-State-Zip: LOS ALAMOS NM 87545

Title D
Name RAISSY, DR. HANGAMEH
Address 4200 W JEMEZ RD SUITE 301
City-State-Zip: LOS ALAMOS NM 87544

Title D
Name SAUER, DR. NAN
Address 4200 W JEMEZ RD SUITE 301
City-State-Zip: LOS ALAMOS NM 87544

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: DR. NAN SAUER**D****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date