

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000003337

Entity Name: ADAPTIVE OPTICS ASSOCIATES, INC.**Current Principal Place of Business:**10 WILSON RD
CAMBRIDGE, MA 02138**Current Mailing Address:**2980 FAIRVIEW PARK DRIVE
FALLS CHURCH, VA 22042 US**FEI Number:** 04-2604682**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	ERNST, TODD C
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

Title	S
Name	CHOUNG, SUSIE L
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

Title	T
Name	SPIEGEL, STEVEN D
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

Title	VP, TAX
Name	VALENTI, PATRICK
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

Title	ASST. TREASURER
Name	FLAHERTY, JOHN W
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

Title	ASST. TREASURER
Name	NIETO, LORI
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

Title	ASST. SECRETARY
Name	WALTER, CHARLTON
Address	2980 FAIRVIEW PARK DRIVE
City-State-Zip:	FALLS CHURCH VA 22042

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: SUSIE CHOUNG**SECRETARY****04/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date