2020 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:

Name

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2020

Secretary of State

8051924833CC

Officer/Director Detail:

Title Title S

ERNST, TODD C CHOUNG, SUSIE L Name Name

2980 FAIRVIEW PARK DRIVE 2980 FAIRVIEW PARK DRIVE Address Address

City-State-Zip: FALLS CHURCH VA 22042 FALLS CHURCH VA 22042 City-State-Zip:

VΡ Title Title Т

SPIEGEL, STEVEN D Name ZOBAIR, TALHA Name

Address 2980 FAIRVIEW PARK DRIVE Address 2980 FAIRVIEW PARK DRIVE FALLS CHURCH VA 22042 City-State-Zip: City-State-Zip: FALLS CHURCH VA 22042

Title ASST. TREASURER Title ASST. TREASURER Name STUCKEY, CHERYL Name FLAHERTY, JOHN W

Address 2980 FAIRVIEW PARK DRIVE Address 2980 FAIRVIEW PARK DRIVE City-State-Zip: FALLS CHURCH VA 22042 FALLS CHURCH VA 22042 City-State-Zip:

Title ASST. SECRETARY PAGE, WALTER

2980 FAIRVIEW PARK DRIVE Address 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.

04/30/2020 SIGNATURE: SUSIE CHOUNG SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date