

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90045 011 ****61.25

DOCUMENT # N00000008502

1. Entity Name

THE MICRO AND NANOTECHNOLOGY EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**109 GREENFIELD COURT
 NAPLES FL 34110**

**109 GREENFIELD COURT
 NAPLES FL 34110**

2. Principal Place of Business

3. Mailing Address

P.O. Box 315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MOON, VA

4. FEI Number

59-3688808

Applied For

Not Applicable

Zip

Country

Zip

23119

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRIVAN, KENT A
 801 LAUREL OAK DRIVE SUITE 705
 NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **GRACE, ROGER H**
 STREET ADDRESS **109 GREENFIELD COURT**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE **Vice President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WALSH, STEVEN**
 STREET ADDRESS **608 CEDAR HILL ROAD**
 CITY-ST-ZIP **ALBUQUERQUE NM 87122**

TITLE **President** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WARRINGTON, ROBERT**
 STREET ADDRESS **1105 12TH STREET**
 CITY-ST-ZIP **HOUGHTON MI 49931**

TITLE **Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **KASSICIEH, SUL**
 STREET ADDRESS **1924 LAS LOMAS NE**
 CITY-ST-ZIP **ALBUQUERQUE NM 87131**

TITLE **Treasurer** ☒ Change ☐ Addition
 NAME **Higdon, William**
 STREET ADDRESS **P.O. Box 315**
 CITY-ST-ZIP **MOON, VA 23119-0315**

TITLE **D** ☐ Delete
 NAME **KIRCHHOFF, BRUCE**
 STREET ADDRESS **323 ML KING BLVD**
 CITY-ST-ZIP **NEWARK NJ 07102**

TITLE **Board member** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MCWHORTER, PAUL**
 STREET ADDRESS **1 SARATOGA PLACE**
 CITY-ST-ZIP **ALBUQUERQUE NM 87122**

TITLE **Board member** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William R. Higdon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Higdon

Date

1/21/02 (804) 725-5554

Daytime Phone #

CR2E037 (9/01)