2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N00000008502

Entity Name: THE MICRO AND NANOTECHNOLOGY COMMERCIALIZATION EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

160 WASHINGTON SE, M/S #47
ALBUQUERQUE, NM 87108

New Principal Place of Business:

117 BRYN MAWR DR.
MS 27
ALBUQUERQUE, NM 87106

Current Mailing Address:

160 WASHINGTON SE, M/S #47
ALBUQUERQUE, NM 87108

New Mailing Address:

117 BRYN MAWR DR.
MS 27
ALBUQUERQUE, NM 87106

FEI Number: 59-3688808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	DR	( ) Delete
Name:	KEES, EJKEL	
Address:	EL/TN BUILDING DRIENERLOLAAN 5	
City-St-Zip:	ENSCHEDE, THE NETHERLANDS, NB 7522 NB NL	
Title:	DR	( ) Delete
Name:	WALSH, STEVEN	
Address:	608 CEDAR HILL ROAD	
City-St-Zip:	ALBUQUERQUE, NM 87122	
Title:	DR	( ) Delete
Name:	WARRINGTON, ROBERT	
Address:	1105 12TH STREET	
City-St-Zip:	HOUGHTON, MI 49931	
Title:	DR	( ) Delete
Name:	WYLDE, JAMES	
Address:	505 BENTON DRIVE SUITE 7301	
City-St-Zip:	ALLEN, TX 75013	
Title:	DR	( ) Delete
Name:	ELDERS, JOB	
Address:	PO BOX 217	
City-St-Zip:	ENSCHEDE, THE NETHERLANDS, NL 07102	
Title:	DR	( ) Delete
Name:	STEELE, CAROL	
Address:	140 7TH AVE. SOUTH	
City-St-Zip:	SAINT PETERSBURG, FL 33701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DR	(X) Change ( ) Addition
Name:	DAVENPORT, CLIVE	
Address:	1 DALMORE DRIVE CARIBBEAN PARK	
City-St-Zip:	SCORESBY VICTORIA, AU 3179	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES WYLDE DR 01/29/2007

Electronic Signature of Signing Officer or Director — Date