

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90017 046 ****61.25

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1. Entity Name

THE MICRO AND NANOTECHNOLOGY EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

**109 GREENFIELD COURT
NAPLES FL 34110**

Mailing Address

**PO BX 315
MOON VA 23119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3688808**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HIDGEN, WILLIAM**
CITY-ST-ZIP **PO BOX 315
MOON VA 23119**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ 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

1/6/03 (804) 725-5554

CP2E037 (10/02)