

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008502

Entity Name: THE MICRO AND NANOTECHNOLOGY COMMERCIALIZATION
EDUCATION FOUNDATION, INC.**FILED**
Jan 27, 2021
Secretary of State
5417838914CC**Current Principal Place of Business:**750 SKYLINE RIDGE LOOKOUT
WIMBERLEY, TX 78676**Current Mailing Address:**PO BOX 3092
WIMBERLEY, TX 78676 US**FEI Number: 59-3688808****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC
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 EXECUTIVE BOARD MEMBER
Name SAILE, VOLKER
Address WALDENBURGER STR. 7
City-State-Zip: 76139 KARLSRUHE

Title EXECUTIVE BOARD MEMBER - VP
EUROPE
Name DAVID, TOLFREE
Address 469 STOCKPORT RD, DENTON
City-State-Zip: MANCHESTER M34 6-EG

Title EXECUTIVE BOARD MEMBER
Name GRACE, ROGER
Address 109 GREENFIELD COURT
City-State-Zip: NAPLES FL 34110

Title EXECUTIVE BOARD MEMBER -
TREASURER
Name WARRINGTON, ROBERT
Address 750 SKYLINE RIDGE LOOKOUT
City-State-Zip: WIMBERLEY TX 78676

Title EXECUTIVE BOARD MEMBER -
PRESIDENT
Name CHRISTENSON, TODD
Address EXIGEM LLC
13170-B CENTRAL AVE. SE B-293
City-State-Zip: ALBUQUERQUE NM 87123

Title DIRECTOR
Name ANDOSCA, ROBERT
Address 12160 W PALMER LANE
City-State-Zip: CEDAR PARK TX 78613

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT O WARRINGTON**TREASURER****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date