2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2020
Secretary of State
8718611024CC

DOCUMENT# N18000001689

Entity Name: NATIONAL STRATEGIC RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

UNIVERSITY OF NEBRASKA
3835 HOLDREGE STREET
LINCOLN, NE 68583

Current Mailing Address:

984238 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198 US

FEI Number: 45-5426026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, DAVID P
5121 INDUSTRY DRIVE, UNIT 101
MELBOURNE, FL 32940 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	CHR
Name	MAUNEY, VAN
Address	1419 LAKEFIELD DRIVE
City-State-Zip:	HUDDLESTON VA 24104

Title	SEC
Name	PALSER, STACIA
Address	3835 HOLDREGE STREET
City-State-Zip:	LINCOLN NE 68583-0745

Title	DIRECTOR
Name	GATES, GARY
Address	3 PINES 533 NORTH 86TH STREET
City-State-Zip:	OMAHA NE 68114

Title	DIRECTOR
Name	LARSEN, JENNIFER DR.
Address	987878 NEBRASKA MEDICAL CENTER
City-State-Zip:	OMAHA NE 68198-7878

Title	VC
Name	MERCER, TED
Address	FAA 1250 MARYLAND AVE, SW
City-State-Zip:	WASHINGTON DC 20024

Title	TRS
Name	KABOUREK, CHRIS
Address	3835 HOLDREGE STREET
City-State-Zip:	LINCOLN NE 68583-0742

Title	DIRECTOR
Name	WILHELM, ROBERT PHD
Address	UNL 301 ADMS
City-State-Zip:	LINCOLN NE 68588-0433

Title	DIRECTOR
Name	NELSON, BENJAMIN
Address	LAMSON, DUGAN, MURRAY LLP 10306 REGENCY PARKWAY DRIVE
City-State-Zip:	OMAHA NE 68144

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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: JOHN G TENCER — DIRECTOR OF BUSINESS OPERATIONS — 07/13/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	JACKSON, DAVID PHD
Address	3835 HOLDREGE STREET
City-State-Zip:	LINCOLN NE 68583-0743

Title	DIRECTOR OF BUSINESS OPERATIONS
Name	TENCER, JOHN
Address	984238 NEBRASKA MEDICAL CENTER
City-State-Zip:	OMAHA NE 68198-4238