

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000004480

**Entity Name:** MONTEREY INSTITUTE FOR TECHNOLOGY AND EDUCATION  
CORP.

**FILED**  
**Feb 09, 2017**  
**Secretary of State**  
**CC0812120237**

**Current Principal Place of Business:**

24900 OUTLOOK DRIVE  
CARMEL, CA 93923

**Current Mailing Address:**

POST OFFICE BOX 890  
MARINA, CA 93933-0890

**FEI Number: 57-1186598**

**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 PD  
Name LOPEZ, GARY  
Address POST OFFICE BOX 890  
City-State-Zip: MARINA CA 93933-0890

Title D  
Name DUNAWAY, ROBERT  
Address POST OFFICE BOX 890  
City-State-Zip: MARINA CA 93933-0890

Title STD  
Name SIMONS, ROBERT  
Address POST OFFICE BOX 890  
City-State-Zip: MARINA CA 93933-0890

*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: GARY LOPEZ**

**EXECUTIVE  
DIRECTOR/CEO**

**02/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date