

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731006

1. Entity Name

INTERNATIONAL ASSOCIATION FOR HYDROGEN ENERGY, I

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90869 017 ****61.25

Principal Place of Business

Mailing Address

4910 BILTMORE DR.
 CORAL GABLES FL 33146

4910 BILTMORE DR.
 CORAL GABLES FL 33146-1724

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

51-0189699

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEZIROGLU, T. NEJAT
 4910 BILTMORE DR.
 CORAL GABLES FL 33146

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ABDEL-AAL, H. K.	
STREET ADDRESS	COLLEGE OF PETROLEUM AND MINERALI	
CITY-ST-ZIP	DHAHRAN, SAUDI ARABIA	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ESCHER, WILLIAM D	
STREET ADDRESS	5800 COTTAGE GROVE RD.	
CITY-ST-ZIP	MADISON WI 53716	
TITLE	P	<input type="checkbox"/> Delete
NAME	VEZIROGLU, T NEJAT	
STREET ADDRESS	4910 BILTMORE DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	VEZIROGLU, BENGI	
STREET ADDRESS	4910 BILTMORE DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCHETTI, CESARE	
STREET ADDRESS	INT'L INSTITUTE FOR APPLIED SYSTEMS ANAL.	
CITY-ST-ZIP	SCHOLOSS LAXENBURG AUSTRIA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, ANIBAL R	
STREET ADDRESS	NATIONAL RESEARCH COUNCIL	
CITY-ST-ZIP	CARACAS VE	

TITLE	O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. TOKIO Ohta	
STREET ADDRESS	4-18-15 IMAHURGASKI	
CITY-ST-ZIP	KAMAKURA 2480024 Japan	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. DAVID SCOTT	
STREET ADDRESS	POB 3055 JEN CSC	
CITY-ST-ZIP	VICTORIA BC V8W 296 CANADA	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. CARL-Jochen Winter	
STREET ADDRESS	Obere St. Leonhardstr. 9	
CITY-ST-ZIP	D-58662 UBRILINSEN GERMANY	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDEL-AAL H.K.	
STREET ADDRESS	18 Jeddah St.	
CITY-ST-ZIP	DOKKI, CAIRO Egypt	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Sign & Date* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00 305-284-4666
 Date Daytime Phone #

CR2E037 (9/99)