

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004916

FILED
Feb 07, 2012
Secretary of State

Entity Name: NATIONAL BUREAU OF ECONOMIC RESEARCH, INC.

Current Principal Place of Business:

1050 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02138

New Principal Place of Business:

Current Mailing Address:

1050 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02138

New Mailing Address:

FEI Number: 13-1641075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: COOPER, KATHLEEN B
Address: 1050 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02138

Title: VCD
Name: ZIMMERMAN, MARTIN
Address: 1050 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02138

Title: PCEO
Name: POTERBA, JAMES M
Address: 1050 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02138

Title: D
Name: POTERBA, JAMES M
Address: 1050 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02138

Title: TD
Name: MEDNICK, ROBERT
Address: 1050 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02138

Title: AS
Name: HORAK, KELLY
Address: 1050 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02138

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: ALTERRA MILONE

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02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date