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NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F9300003259 (9)

NATURAL RESOURCES DEFENSE COUNCIL, INC.

Principal Place of Business		Mailing Address			4 00 00 00 00	# \$ 440 0 \$8 40 \$ 80 1	
40 WEST 20TH ST. NEW YORK NY 10011		ATTN: LAURIE ALEMIAN-DERIAN 40 WEST 20TH ST NEW YORK NY 10011-4211		Day last and a Onlift of	Los Data et Laur	5	
		US			3. Date Incorporated or Qualified 07/15/1993	3a. Date of Last F 05/01/19	996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-2654926		pplied For lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		B. Cartificate of Chatra Danisard	~	Additional	
22		27		Certificate of Status Desired	Fee R	Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip Country		Zip Country		8. This corporation has liability for	Intangible tax under s		
24	25]	29 ant Basistand Agent	30]		Florida Statutes 10. Name and Address of New Re	Yes No	
9. Name and Address of Current Registered Agent				Name	TU. Name and Address of New A	agistered Agent	
0.700	DOODATION EVETENC						
C T CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND RD.			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)	
	TION FL 33324		83	,†			
1			84	City		0F 7:n	Code
			اقا	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statut	es, the abov	/e-named cor	poration submits this statement for the	purpose of changing i	its registered
agent. I a	m familiar with, and accept the obli	igations of, Section 617.0503, FI	orida Statute	es.	ation's board of directors. I hereby acce	ът то арропилен ве	i iogistored
SIGNATURE _							
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS (NOT	13.	peni signature requ	alred when reinstating) ADDITIONS/CHANGES TO OFFI	DATE OF BS AND DIBE CLOS	RS IN 12
TITLE	T	DELETE	1.1 TITLE		TEDITION TO COLOR	☐ Change	Addition
NAME	ABRAHAMSON, DR DEAN		1.2 NAME				
STREET ADDRESS	40 WEST 20TH ST		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-	ST-ZIP			
TITLE	TVC DELETE		2.1 TITLE			☐ Change	Addition
NAME	ALBRIGHT, ADAM		2.2 NAME				
STREET ADDRESS	40 WEST 20TH ST		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEW YORK NY	DELETE	2. 4 CITY	- ST - ZIP		Character 1	Addition
TITLE NAME	AVDEC DICHARD	☐ DEFECTE	3.1 TITLE			☐ Change	Addition
STREET ADDRESS	AYRES, RICHARD 40 W 20TH ST		3.2 NAME	T ADDRESS			
CITY-ST-ZIP	NEW YORK NY		3.4. CITY-	1			
TITLE	T	DELETE	4.1 TITLE	3,-211		☐ Change	Addition
NAME	BINGHAM, DR EULA		4. 2 NAME			-	
STREET ADDRESS	40 W 20TH ST		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEW YORK NY		4.4 CITY -	ST-ZIP			
TITLE	T					Change	Addition
NAME	BLAKE, ROBERT O		5.2 NAME				
STREET ADDRESS	40 W 20TH ST		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	NEW YORK NY	The res	5.4 CITY-	ST-ZIP			
THILE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	BRECK, HENRY R		62 NAME	- 1			
STREET ADDRESS	40 WEST 20TH ST			T ADDRESS			
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-	ST - ZiP			

I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

13/100 (2/2) 12/20100

FILED

Jul 18 1997 8:00am

Secretary of State

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