

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90004 025 ****70.00

DOCUMENT # F93000003259

1. Entity Name
NATURAL RESOURCES DEFENSE COUNCIL, INC.

Principal Place of Business
**40 WEST 20TH ST.
 NEW YORK NY 10011**

Mailing Address
**ATTN: LAURIE ALEMIAN-D-ERIAN
 40 WEST 20TH ST
 NEW YORK NY 10011
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-2654926		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				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 _____ (Name of registered agent and title if applicable.) (NOT: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE	<i>See attached listing</i>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ABRAHAMSON, DR DEAN			NAME			
STREET ADDRESS	40 WEST 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	TVC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRIGHT, ADAM			NAME			
STREET ADDRESS	40 WEST 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AYRES, RICHARD			NAME			
STREET ADDRESS	40 W 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BINGHAM, DR EULA			NAME			
STREET ADDRESS	40 W 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKE, ROBERT O			NAME			
STREET ADDRESS	40 W 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRECK, HENRY R			NAME			
STREET ADDRESS	40 WEST 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			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: *Laurie Alemlan-Derian* *5/25/01* *212-727-2700*

CR2E037 (10/00)

Attachment Doc # F93000003559
C0070459

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ASSISTANT SECRETARY

Louise Weston
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Attachment Doc# F93000003259

NRDC BOARD OF TRUSTEES
January 2001

C 0070659

Adam Albright
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40 West 20th Street
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Richard E. Ayres
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