

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003259

FILED
Feb 15, 2012
Secretary of State

Entity Name: NATURAL RESOURCES DEFENSE COUNCIL, INC.

Current Principal Place of Business:

40 WEST 20TH ST.
NEW YORK, NY 10011

New Principal Place of Business:

40 WEST 20TH ST.
11TH FLOOR
NEW YORK, NY 10011

Current Mailing Address:

ATTN: SHARON HARGROVE
40 WEST 20TH ST
NEW YORK, NY 10011 US

New Mailing Address:

FEI Number: 13-2654926 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: BEINECKE, FRANCES
Address: C/O NRDC, 40 W 20TH ST
City-St-Zip: NEW YORK, NY 10011

Title: C
Name: TISHMAN, DANIEL
Address: C/O NRDC, 40 W 20TH ST
City-St-Zip: NEW YORK, NY 10011

Title: VC
Name: FISHER, ROBERT J
Address: C/O NRDC, 40 W 20TH ST
City-St-Zip: NEW YORK, NY 10011

Title: VC
Name: BAUMAN, PATRICIA
Address: C/O NRDC, 40 W 20TH ST
City-St-Zip: NEW YORK, NY 10011

Title: VC
Name: ALBRIGHT, ADAM
Address: 40 W 20TH ST
City-St-Zip: NEW YORK, NY 10011

Title: VC
Name: HORN, ALAN
Address: C/O NRDC, 40 W 20TH ST
City-St-Zip: NEW YORK, NY 10011

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: SARAH A. GILLMAN

CFO

02/15/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date