

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90007 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000001379**

1. Entity Name  
**TELLUS INSTITUTE, INC.**

Principal Place of Business      Mailing Address  
**11 ARLINGTON STREET**      **11 ARLINGTON STREET**  
**BOSTON MA 02116**      **BOSTON MA 02116-3406**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**14-1589922**       Not Applicable

5. Certificate of Status Desired       **\$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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD</b> <b>RASKIN, PAUL D</b> <b>11 ARLINGTON STREET</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ROSEN, RICHARD A</b> <b>11 ARLINGTON STREET</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>NICHOLS, DAVID A</b> <b>11 ARLINGTON STREET</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STUTZ, JOHN</b> <b>11 ARLINGTON STREET</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERNOW, STEPHEN S</b> <b>11 ARLINGTON STREET</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, ALLEN L</b> <b>11 ARLINGTON STREET</b> <b>BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *STEPHEN S BERNOW*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **4/20/00**      **617-266-5400**

Date      Daytime Phone #

CR2E037 (9/99)