

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 23, 1999 8:00 am  
Secretary of State

07-23-1999 90003 001 \*\*\*\*61.25

DOCUMENT # 731006

1. Corporation Name

INTERNATIONAL ASSOCIATION FOR HYDROGEN ENERGY, I  
NC.

Principal Place of Business

4910 BILTMORE DR.  
CORAL GABLES FL 33146

Mailing Address

4910 BILTMORE DR.  
CORAL GABLES FL 33146



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/30/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		51-0189699	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution	

9. Name and Address of Current Registered Agent

VEZIROGLU, BENGI  
4910 BILTMORE DR.  
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name T. NEJAT VEZIROGLU  
82 Street Address (P.O. Box Number is Not Acceptable)  
4910 BILTMORE DRIVE  
83  
84 City CORAL GABLES FL 85 Zip Code 33146

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(T. NEJAT VEZIROGLU)

7-7-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDEL-AAL, H. K.	1.2 NAME	
STREET ADDRESS	COLLEGE OF PETROLEUM AND MINERALI	1.3 STREET ADDRESS	
CITY-ST-ZIP	DHAHRAN, SAUDI ARABIA	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCHER, WILLIAM D	2.2 NAME	
STREET ADDRESS	5800 COTTAGE GROVE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON WI 53716	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEZIROGLU, T NEJAT	3.2 NAME	
STREET ADDRESS	4910 BILTMORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEZIROGLU, BENGI	4.2 NAME	
STREET ADDRESS	4910 BILTMORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHETTI, CESARE	5.2 NAME	
STREET ADDRESS	INT'L INSTITUTE FOR APPLIED SYSTEMS ANAL	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHOLOSS LAXENBURG AUSTRIA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ANIBAL R	6.2 NAME	
STREET ADDRESS	NATIONAL RESEARCH COUNCIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS VE	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-7-1999 (305) 284-4666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)