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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:16

DOCUMENT # 720749 (1)

1. Corporation Name

INTERNATIONAL SCIENCE COUNCIL, INC.

Principal Place of Business	Mailing Address
1530 CROSS ST. SARASOTA FL 33577-3715	1530 CROSS ST. SARASOTA FL 33577-3715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1971
3a. Date of Last Report: 05/13/1994
4. FEI Number: 23-7115009 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

KIMBROUGH, ROBERT A.
1530 CROSS ST.
SARASOTA FL 34236-3715

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PUTT, DONALD L.	1.2 NAME	
STREET ADDRESS	87 FLOOD CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATHERTON CA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BLACK, RICHARD B	2.2 NAME	
STREET ADDRESS	RIPPON LODGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE VA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JEFFERY, WALTER	3.2 NAME	
STREET ADDRESS	1705 E HUNTINGWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAMPION, ROBERT L, JR	4.2 NAME	
STREET ADDRESS	202 BEARON	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	CHAMPION, V. M.	5.2 NAME	
STREET ADDRESS	3314 C GLOUSTER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	CHAMPION, JOHN B.	6.2 NAME	
STREET ADDRESS	11270 CHAMPAGNE PT RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKLAND WA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: R. C. Champion 1-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010409