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Mar 04, 1999 8:00 am
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03-04-1999 90087 023 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 720749

1. Corporation Name

INTERNATIONAL SCIENCE COUNCIL, INC.

Principal Place of Business

1530 CROSS ST.
SARASOTA FL 33577-3715

Mailing Address

1530 CROSS ST.
SARASOTA FL 33577-3715

1 6 1 6 8 6 - 9 0 0 8 7 - 2 3 6 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/21/1971	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7115009	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		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 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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PUTT, DONALD L.	
STREET ADDRESS	87 FLOOD CIRCLE	
CITY-ST-ZIP	ATHERTON CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, RICHARD B	
STREET ADDRESS	RIPON LODGE	
CITY-ST-ZIP	WOODBIDGE VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEFFERY, WALTER	
STREET ADDRESS	1705 E HUNTINGWOOD LANE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHAMPION, ROBERT L, JR	
STREET ADDRESS	202 BEARON	
CITY-ST-ZIP	BOSTON MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CHAMPION, V. M.	
STREET ADDRESS	3314 C GLOUSTER ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHAMPION, JOHN B.	
STREET ADDRESS	11270 CHAMPAGNE PT RD	
CITY-ST-ZIP	KIRKLAND WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)