


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90034 037 ****61.25

DOCUMENT # F02000005645 1. Entity Name NATIONAL ACADEMY OF SCIENCES	
--	---

Principal Place of Business 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418	Mailing Address 2101 CONSTITUTION AVENUE NW WASHINGTON, DC 20418
--	--

40029014



01142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 53-0196932	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERTS, BRUCE M. 2101 CONSTITUTION AVENUE, NW WASHINGTON, DC 20418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WULF, WILLIAM 2101 CONSTITUTION AVE., NW WASHINGTON, DC 20418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINEBERG, HARVEY V P 2101 CONSTITUTION AVE., NW WASHINGTON, DC 20418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGER, JAMES S UNIVERSITY OF CALIFORNIA, DEPT. OF PHYSICS SANTA BARBARA, CA 93106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAUMAN, JOHN I STANFORD UNIV., DEPT. OF CHEMISTRY STANFORD, CA 94305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEGG, MICHAEL T UNIVERSITY OF CALIFORNIA, DEPT. OF BOTANY RIVERSIDE, CA 92521

DO NOT WRITE IN THIS SPACE

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: Bruce Alberts Feb. 15, 2005 202-334-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bruce Alberts, President