

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90044 013 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 500 Fifth Street, N.W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. NAS045			
City & State		City & State Washington, DC		4. FEI Number 53-0196932	
Zip		Country 20001 USA		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			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME CICERONE, RALPH J		<input type="checkbox"/> Delete		
STREET ADDRESS 2101 CONSTITUTION AVENUE, NW	CITY-ST-ZIP WASHINGTON, DC 20418		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME WULF, WILLIAM		<input type="checkbox"/> Delete		
STREET ADDRESS 2101 CONSTITUTION AVE., NW	CITY-ST-ZIP WASHINGTON, DC 20418		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME FINEBERG, HARVEY V P		<input type="checkbox"/> Delete		
STREET ADDRESS 2101 CONSTITUTION AVE., NW	CITY-ST-ZIP WASHINGTON, DC 20418		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME SCHAAL, BARBARA A		<input type="checkbox"/> Delete		
STREET ADDRESS WASHINGTON UNIVERSITY	CITY-ST-ZIP SAINT LOUIS, MO 63130		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME BRAUMAN, JOHN I		<input type="checkbox"/> Delete		
STREET ADDRESS STANFORD UNIV., DEPT. OF CHEMISTRY	CITY-ST-ZIP STANFORD, CA 94305		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE S	NAME CLEGG, MICHAEL T		<input type="checkbox"/> Delete		
STREET ADDRESS UNIVERSITY OF CALIFORNIA, DEPT. OF BOTANY	CITY-ST-ZIP RIVERSIDE, CA 92521		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			FEB 26 2007 202 334-2101		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		