

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90199 020 \*\*\*\*61.25

**DOCUMENT # F02000005645**

1. Entity Name  
**NATIONAL ACADEMY OF SCIENCES**



Principal Place of Business  
**2101 CONSTITUTION AVENUE NW  
WASHINGTON, DC 20418**

Mailing Address  
**500 FIFTH STREET, N.W.  
NAS045  
WASHINGTON, DC 20001**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**53-0196932**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

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

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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** ☐ Delete  
NAME **CICERONE, RALPH J**  
STREET ADDRESS **2101 CONSTITUTION AVENUE, NW**  
CITY-ST-ZIP **WASHINGTON, DC 20418**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **WULF, WILLIAM**  
STREET ADDRESS **2101 CONSTITUTION AVE., NW**  
CITY-ST-ZIP **WASHINGTON, DC 20418**

TITLE **PRESIDENT, NATIONAL ACADEMY** ☐ Change ☒ Addition  
NAME **OF ENGINEERING**  
STREET ADDRESS **VEST, CHARLES M.**  
CITY-ST-ZIP **2101 CONSTITUTION AVE. NW WASH. DC 20418**

TITLE **P** ☐ Delete  
NAME **FINEBERG, HARVEY V P**  
STREET ADDRESS **2101 CONSTITUTION AVE., NW**  
CITY-ST-ZIP **WASHINGTON, DC 20418**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **SCHAAL, BARBARA A**  
STREET ADDRESS **WASHINGTON UNIVERSITY**  
CITY-ST-ZIP **SAINT LOUIS, MO 63130**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BRAUMAN, JOHN I**  
STREET ADDRESS **STANFORD UNIV., DEPT. OF CHEMISTRY**  
CITY-ST-ZIP **STANFORD, CA 94305**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **CLEGG, MICHAEL T**  
STREET ADDRESS **UNIVERSITY OF CALIFORNIA, DEPT. OF BOTANY**  
CITY-ST-ZIP **RIVERSIDE, CA 92521**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/08**

Date

Daytime Phone #