2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# F02000005645

Entity Name: NATIONAL ACADEMY OF SCIENCES

Current Principal Place of Business:

2101 CONSTITUTION AVENUE NW
WASHINGTON, DC 20418

New Principal Place of Business:

Current Mailing Address:

500 FIFTH STREET, N.W.
NAS045
WASHINGTON, DC 20001

New Mailing Address:

FEI Number: 53-0196932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CICERONE, RALPH J	
Address:	2101 CONSTIUTION AVENUE, NW	
City-St-Zip:	WASHINGTON, DC 20418	
Title:	P	( ) Delete
Name:	WULF, WILLIAM	
Address:	2101 CONSTITUION AVE., NW	
City-St-Zip:	WASHINGTON, DC 20418	
Title:	P	( ) Delete
Name:	FINEBERG, HARVEY V P	
Address:	2101 CONSTITUTION AVE., NW	
City-St-Zip:	WASHINGTON, DC 20418	
Title:	VP	( ) Delete
Name:	SCHAAL, BARBARA A	
Address:	WASHINGTON UNIVERSITY	
City-St-Zip:	SAINT LOUIS, MO 63130	
Title:	S	( ) Delete
Name:	BRAUMAN, JOHN I	
Address:	STANFORD UNIV., DEPT. OF CHEMISTRY	
City-St-Zip:	STANFORD, CA 94305	
Title:	S	( ) Delete
Name:	CLEGG, MICHAEL T	
Address:	UNIVERSITY OF CALIFORNIA, DEPT. OF BOTANY	
City-St-Zip:	RIVERSIDE, CA 92521	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	VEST, CHARLES M P	
Address:	2101 CONSTITUION AVE., NW	
City-St-Zip:	WASHINGTON, DC 20418	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH J. CICERONE PRES 04/07/2009

Electronic Signature of Signing Officer or Director — Date