


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000005628  
 1. Entity Name  
 PUBLIC CITIZEN FOUNDATION, INC.



Principal Place of Business: 1600 20TH ST. NW, WASHINGTON, DC 20009  
 Mailing Address: 1600 20TH ST. NW, WASHINGTON, DC 20009

**DO NOT WRITE IN THIS SPACE**



07022004 No Chg-NP CR2E037 (10/03)  
 4. FEI Number: 52-1263996 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**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: N/A DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

00000165277  
 07/12/04-80007-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FELLMETH, ROBERT CHARLES
STREET ADDRESS	ALCALA PARK
CITY-ST-ZIP	SAN DIEGO, CA 92110
TITLE	D
NAME	BLUE, LISA ANN
STREET ADDRESS	3102 OAK LAWN AVE. SUITE 1100
CITY-ST-ZIP	DALLAS, TX 75219
TITLE	D
NAME	CLAYBROOK, JOAN BUCKLER
STREET ADDRESS	1600 20TH STREET, N.W.
CITY-ST-ZIP	WASHINGTON, DC 20009
TITLE	D
NAME	COTCHETT, JOSEPH WINTERS
STREET ADDRESS	840 MALCOLM ROAD, SUITE 200
CITY-ST-ZIP	BURLINGAME, CA 94010
TITLE	DST
NAME	HIGHTOWER, JAMES ALLEN
STREET ADDRESS	1800 WEST SIXTH STREET
CITY-ST-ZIP	AUSTIN, TX 78703
TITLE	D
NAME	DEES, MORRIS
STREET ADDRESS	400 WASHINGTON AVE.
CITY-ST-ZIP	MONTGOMERY, AL 361022087

**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)(b), Florida Statutes. 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 the empowered.

SIGNATURE: Joan B Claybrook 7/2/04 262-588-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #