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2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC -4 PM 12:13

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	
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
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 <u>William M. Edrington</u> <small>Signature, typed or printed name of registered agent and filer if applicable</small>		William M. Edrington, Auth. Representative 10/31/2007 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2008, Fee will be \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FELLMETH, ROBERT CHARLES ALCALA PK UNIV. SAN DIEGO LAW SCH. SAN DIEGO, CA 92110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, LIZ MARTIN'S BEACH, CABIN 35 HALF MOON BAY, CA 94019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUE, LISA ANN 3102 OAK LAWN AVE. SUITE 1100 DALLAS, TX 75219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKROVAN, STEVE 2741 FRANCES AVE. LA CRESENTA, CA 91214 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAYBROOK, JOAN BUCKLER 1600 20TH STREET, N.W. WASHINGTON, DC 20009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112085029 11/07/07--01049--019 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTCHETT, JOSEPH WINTERS 840 MALCOLM ROAD, SUITE 200 BURLINGAME, CA 94010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B n/4/07 REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HIGHTOWER, JAMES ALLEN 81 SAN MARCOS ST AUSTIN, TX 78702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112085028 12/18/07--01022--020 **\$175.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, MORRIS 400 WASHINGTON AVE. MONTGOMERY, AL 361022087 <input checked="" type="checkbox"/> Delete	TITLE 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: <u>Joan Claybrook</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JOAN CLAYBROOK 11/5/07 202-588-1000 <small>Date Daytime Phone</small>	