

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000806

1. Entity Name

WOODS HOLE OCEANOGRAPHIC INSTITUTION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90067 037 ****70.00

Principal Place of Business

Mailing Address

WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE MA 02543

WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE MA 02543

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

858 658 4680

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C ☐ Delete
NAME MOLTZ, JAMES E
STREET ADDRESS 31 W. 52ND ST.
CITY-ST-ZIP NEW YORK NY 10019-6160

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

TITLE D ☐ Delete
NAME GAGOSIAN, ROBERT B
STREET ADDRESS WHOI, FENNO HOUSE, MS#40
CITY-ST-ZIP WOODS HOLE MA 02543

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS MS40A
CITY-ST-ZIP

TITLE P ☐ Delete
NAME CLARK, JAMES M
STREET ADDRESS 191 PENZANCE POINT ROAD
CITY-ST-ZIP WOODS HOLE MA 02543

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

TITLE VP ☒ Delete
NAME HOLLISTER, CHARLES D
STREET ADDRESS WHOI, FENNO HOUSE, MS#40
CITY-ST-ZIP WOODS HOLE MA 02543

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

TITLE T ☐ Delete
NAME MCCORMICK, PETER
STREET ADDRESS 13 COVE STREET
CITY-ST-ZIP MARION MA 02738

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

TITLE C ☐ Delete
NAME CLEMENTE, PAUL
STREET ADDRESS WHOI, BELL HOUSE, MS#14
CITY-ST-ZIP WOODS HOLE MA 02543

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS MS #14
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

CR2E037 (9/99)