

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000806

1. Entity Name

WOODS HOLE OCEANOGRAPHIC INSTITUTION, INC.

Principal Place of Business

WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE MA 02543

Mailing Address

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

85-8658468

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
535 Madison Ave., 30th Floor
New York, NY 10022 ☒ Change ☐ Addition

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
CLEMENTE, PAUL
W2HOI BELL HOUSE MS 14
WOODS HOLE MA 02543 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WHOI Challenger House MS 14 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Paul Clemente* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Clemente

1/16/01 508 289 2291

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)