

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000000806

FILED
Jul 06, 2004
Secretary of State

Entity Name: WOODS HOLE OCEANOGRAPHIC INSTITUTION, INC.

Current Principal Place of Business:

WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE, MA 02543

New Principal Place of Business:

Current Mailing Address:

WOODS HOLE OCEANOGRAPHIC INSTITUTION
WOODS HOLE, MA 02543

New Mailing Address:

FEI Number: 85-8658468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: C () Delete
Name: MOLTZ, JAMES E
Address: 535 MADISON AVE., 30TH FLOOR
City-St-Zip: NEW YORK, NY 100196160

Title: D/P () Delete
Name: GAGOSIAN, ROBERT B
Address: WHOI, FENNO HOUSE MS 40A
City-St-Zip: WOODS HOLE, MA 02543

Title: S () Delete
Name: BUNKER, CAROLYN A
Address: WHOI, CHALLENGER HOUSE MS 14
City-St-Zip: WOODS HOLE, MA 02543

Title: T () Delete
Name: MCCORMICK, PETER
Address: 13 COVE STREET
City-St-Zip: MARION, MA 02738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: CAROLYN BUNKER

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07/06/2004

Electronic Signature of Signing Officer or Director

Date