

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001379

1. Entity Name

TELLUS INSTITUTE, INC.

Principal Place of Business

11 ARLINGTON STREET
BOSTON MA 02116

Mailing Address

11 ARLINGTON STREET
BOSTON MA 02116

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

14-1589922

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

NA

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

TITLE PCD ☐ Delete
NAME RASKIN, PAUL D
STREET ADDRESS 11 ARLINGTON STREET
CITY-ST-ZIP BOSTON MA

TITLE VD ☐ Delete
NAME ROSEN, RICHARD A
STREET ADDRESS 11 ARLINGTON STREET
CITY-ST-ZIP BOSTON MA

TITLE STD ☐ Delete
NAME NICHOLS, DAVID A
STREET ADDRESS 11 ARLINGTON STREET
CITY-ST-ZIP BOSTON MA

TITLE D ☐ Delete
NAME STUTZ, JOHN
STREET ADDRESS 11 ARLINGTON STREET
CITY-ST-ZIP BOSTON MA

TITLE D ☐ Delete
NAME BERNOW, STEPHEN S
STREET ADDRESS 11 ARLINGTON STREET
CITY-ST-ZIP BOSTON MA

TITLE D ☐ Delete
NAME WHITE, ALLEN L
STREET ADDRESS 11 ARLINGTON STREET
CITY-ST-ZIP BOSTON MA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR of Admin + Personnel ☐ Change ☒ Addition
NAME David R. McAnulty
STREET ADDRESS 11 Arlington Street
CITY-ST-ZIP Boston, MA 02116

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

David R. McAnulty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 4, 2001

617
866-5400

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90062 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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