

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001723

FILED
Apr 26, 2005
Secretary of State

Entity Name: INSTITUTE FOR SUSTAINABLE CITIES, INC.

Current Principal Place of Business:

485 LEATHERFERN PL.
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

3801 CONN AVE. NW #430
WASHINGTON, DC 20008 US

New Mailing Address:

7981 EASTERN AVE.
204
SILVER SPRING, MD 20910 US

FEI Number: 65-0432916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN PRICE BUILDER, INC
485 LEATHERFERN PLACE
SANIBEL, FL 33957 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: PD () Delete
Name: PRENDERGAST, KRISTINE
Address: 3801 CONN AVE. NW #430
City-St-Zip: WASHINGTON, DC 20008

Title: VP () Delete
Name: AGYEMAN, JULIAN
Address: TUFTS UNIVERSITY, 97 TALBOT AVE.
City-St-Zip: MEDFORD, MA 02155

Title: S () Delete
Name: QUAID, ALLISON
Address: ICLEI, 15 SHATTUCK SQ., STE 215
City-St-Zip: BERKELEY, CA 94705

Title: T () Delete
Name: KUBANI, DEAN
Address: 200 SANTA MONICA RD., STE 1
City-St-Zip: SANTA MONICA, CA 90401

Title: D () Delete
Name: HART, MAUREEN
Address: PO BOX 361
City-St-Zip: NORTH ANDOVER, MA 01845

Title: D () Delete
Name: LAYKE, CHRIS
Address: WRI, 10 G NE, STE 800
City-St-Zip: WASHINGTON, DC 20002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PRENDERGAST, KRISTINE
Address: 7981 EASTERN AVE #204
City-St-Zip: SILVER SPRING, MD 20910

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: QUAID, ALLISON
Address: 1427 LARKIN ST, STE. 4
City-St-Zip: SAN FRANCISCO, CA 94109

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: KRIS PRENDERGAST

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date