2007 NOT-FOR-PROFIT CORPORATION

Feb 05, 2007 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N98000005066 02-05-2007 90087 011 ****61.25 GLOBAL NETWORK AGAINST WEAPONS AND NUCLEAR POWER IN SPACE, INC. Principal Place of Business Mailing Address 40009766 2 FOREST TERR PO BOX 652 BRUNSWICK, ME 04011 BRUNSWICK, ME 04011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 212 Centre Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3532282 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NETZER, JULIE Street Address (P.O. Box Number is Not Acceptable) 923-C NE 3RD AVE GAINESVILLE, FL 32601 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE 🔀 Delete TITLE ☐ Change ☐ Addition GROSSMAN, KARL NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1680 CITY-ST-ZIP SAG HARBOR, NY 11963 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Gagnon tre st Bruce K. GAGNON, BRUCE K NAME NAME STREET ADDRESS 2 FOREST TERR STREET ADDRESS CITY-ST-ZIP BRUNSWICK, ME 04011 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete WEBB, DAVE NAME STREET ADDRESS **2GROVE LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEEDS, EN DT ☐ Delete TITI F ☐ Addition TITLE HAGEN, REGINA NAME NAME STREET ADDRESS STREET ADDRESS TEICHHAUSSTRASSE 46 CITY-ST-ZIP DARMSTADT, GR CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KAKU, MICHIO NAME NAME 138TH ST & CONVENT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW YORK, NY 10031

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Defete

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