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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33786

1. Corporation Name
UNION OF CONCERNED SCIENTISTS, INC.

Principal Place of Business TWO BRATTLE SQUARE CAMBRIDGE MA 02238-9105 US	Mailing Address TWO BRATTLE SQUARE CAMBRIDGE MA 02238-9105 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 04/30/1991 4. FEI Number 04-2535767 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 30
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9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	KENDALL, HENRY W.	
STREET ADDRESS	TWO BRATTLE SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RIS, HOWARD	
STREET ADDRESS	TWO BRATTLE SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUMMINGS-SAXTON, JENNIFER	
STREET ADDRESS	TWO BRATTLE SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAY, JAMES A.	
STREET ADDRESS	TWO BRATTLE SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOTTFRIED, KURT	
STREET ADDRESS	TWO BRATTLE SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, DANIEL S	
STREET ADDRESS	TWO BRATTLE SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See attached complete list
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required **Howard RIS** 4/30/99 (617) 547-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)

546756-90009-24
P33786

THE UNION OF CONCERNED SCIENTISTS, INC.
SEPTEMBER 30, 1998

BOARD OF DIRECTORS LISTING

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>
Howard Ris Two Brattle Square Cambridge, MA 02238-9105 (617)547-5552	Vice President/ Executive Dir.	40
Elizabeth Story LeBaron Road Essex, MA 01929 (617)547-5552	Chief Financial Officer	40
Jennifer Cummings-Saxton Two Brattle Square Cambridge, MA 02238-9105 (617)547-5552	Secretary/ Executive Asst.	40
Henry W. Kendall 60 Vassar Street Building 24, Room 514 Cambridge, MA 02139 (617)253-7584	Chairman	As needed
Sallie W. Chisholm 60 Vassar Street Building 48, Room 425 Cambridge, MA 02139 (617)253-1771	Director	As needed
Mario J. Molina 77 Mass Ave, Rm 54-1814 EAPS Cambridge, MA 02139 (617)253-5081	Director	As needed
Thomas Eisner Sec of Neur/Beh W347 Mudd Hall Ithaca, NY 14853 (607)255-4464	Director	As needed
James A. Fay 36 Spruce Hill Road Weston, MA 02193 (617)893-5088	Director	As needed
Peter Bradford P.O. Box 497 Peru, VT 05152	Director	As needed
Kurt Gottfried 1016 Cayuga Heights Road Ithaca, NY 14850 (607)272-3910	Director	As needed
James S. Hoyte 1350 Massachusetts Ave Room 935 Cambridge, MA 02138 (617)498-1874	Director	As needed
Thomas H. Stone 1780 Green Bay Road, Suite 202 Highland Park, IL 60035-3220 (847)266-6700	Director	As needed
Adele Simmons 140 So. Dearborn Street Suite 1100 Chicago, IL 60603-5285 (312)726-8000	Director	As needed
Ellyn R. Weiss 1615 L Street, NW Washington, D.C. 20036 (202)775-0600	Director	As needed
Victor F. Weisskopf 20 Bartlett Terrace Newton Centre, MA 02159 (617)244-2548	Director	As needed