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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P34360 (8)

1. Corporation Name

WORLD RESOURCES INSTITUTE, INC.



Principal Place of Business

Mailing Address

1709 NEW YORK AVENUE  
7TH FLOOR  
WASHINGTON DC 20006

1709 NEW YORK AVENUE  
7TH FLOOR  
WASHINGTON DC 20006-5206

3. Date Incorporated or Qualified  
06/18/1991

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
52-1257057

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYAN, KEN  
2545 BLAIR STONE PINES DRIVE  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE PD  
NAME LASH, JONATHAN  
STREET ADDRESS 1709 NEW YORK AVENUE, N.W.  
CITY-ST-ZIP WASHINGTON DC 20006

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVPO  
NAME BREWSTER, J. ALAN  
STREET ADDRESS 1709 NEW YORK AVE. NW  
CITY-ST-ZIP WASHINGTON DC

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD  
NAME REID, WALTER V  
STREET ADDRESS 1709 NEW YORK AVE. NW  
CITY-ST-ZIP WASHINGTON DC 20006

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VD  
NAME REPETTO, ROBERT  
STREET ADDRESS 1709 NEW YORK AVE. NW  
CITY-ST-ZIP WASHINGTON DC

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE STD  
NAME BEANE, MARJORIE  
STREET ADDRESS 1709 NEW YORK AVE. NW  
CITY-ST-ZIP WASHINGTON DC 20006

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VD  
NAME WISE, DONNA  
STREET ADDRESS 1709 NEW YORK AVE  
CITY-ST-ZIP WASHINGTON DC 20006

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

*Marjorie Beane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beane, Secretary-Treasurer, 2/18/97

Date

Daytime Phone # 0076.183

CR2E037 (9/96)