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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34360 (8)
 T. Corporation Name
WORLD RESOURCES INSTITUTE, INC.



Principal Place of Business 1709 NEW YORK AVENUE 7TH FLOOR WASHINGTON DC 20006	Mailing Address 1709 NEW YORK AVENUE 7TH FLOOR WASHINGTON DC 20006
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3. Date Incorporated or Qualified 06/18/1991	Applied For Not Applicable
4. FEI Number 52-1257057	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 BRYAN, KEN
 2545 BLAIR STONE PINES DRIVE
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name Corporation Service Company
 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street
 83
 84 City Tallahassee, FL 85 Zip Code 32301

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 *Lisa G. Mulligan* Lisa G. Mulligan 1/9/98
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LASH, JONATHAN	
STREET ADDRESS	1709 NEW YORK AVENUE, N.W.	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	BREWSTER, J. ALAN	
STREET ADDRESS	1709 NEW YORK AVE. NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REID, WALTER V	
STREET ADDRESS	1709 NEW YORK AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	REPETTO, ROBERT	
STREET ADDRESS	1709 NEW YORK AVE. NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BEANE, MARJORIE	
STREET ADDRESS	1709 NEW YORK AVE. NW	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WISE, DONNA	
STREET ADDRESS	1709 NEW YORK AVE	
CITY-ST-ZIP	WASHINGTON DC 20006	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kenton Miller	
1.3 STREET ADDRESS	1709 New York Ave, NW	
1.4 CITY-ST-ZIP	Washington, DC 20006	
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 asterisk.

SIGNATURE: *Marjorie Beane* 1/8/98 202-638-6300

CR2E037 (10/97)