

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P34360

1. Corporation Name

WORLD RESOURCES INSTITUTE, INC.

Principal Place of Busines									
1709 NEW YORK AVENUE									
7TH FLOOR									
WASHINGTON DC 20006									

2. Principal Place of Business

10 G Street, NE

Mailing Address

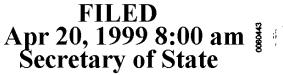
1709 NEW YORK AVENUE 7TH FLOOR

WASHINGTON DC 20006

2a. Mailing Address

26

Same



04-20-1999 90055 050 ****61.25



Applied For

3. Date Incorporated or Qualifed

06/18/1991

Suite, Apt. 1	#, etc.	J Suite, A	μι. «, σι υ.			i	T. I CI INDIIIDO			1 1/16	piled I OI	
2 8th	${f Fl}\infty{f r}$	27				1	52-1257057			No	t Applicable	
City & State	9	City & S	State				5. Certifcate of Status De	eirad		\$8.75		
Washington, DC 20002 28							5. Certificate of Status De	3511 60		Fee Re	quired	
Zip	CountryZip			Country			Election Campaign Fir	ancing		\$5.00	•	
24 25 29 30					Trust Fund Contribution Added to						o Fees	
	9. Name and Address of Current	Registered Ag	ent			1	0. Name and Address of	f New F	Registered	Agent		
	81	Name										
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301					82 Street Address (P.O. Box Number is Not Acceptable)							
												83
					84 City 85 Zip Code							
										1		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508,	Florida Statutes,	the abov	e-named	corpora	tion submits this statement	t for the	purpose of	changing its	registered	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section	617.0503, Florida	a Statute	, use corps S.	orallon s	Dogica of directors, I field	by acce	hr are appoi	,,	3.4.0.00	
SIGNATURE												
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Re		ent signature r	required wh	en reinsteting)		DATE	- DIDECTO	00.10.40	
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES					
TITLE	VP		☐ DELETE	1.1 TITLE		Sr.	Vice Presiden	t of	Oper.	Change	-[XAddition	
NAME	KENTON MILLER			1.2 NAME		40	thew Arnold		-1			
STREET ADDRESS	1709 NEW YORK AVENUE, N.W.			1.3 STREE	T ADDRESS	1	Street, NE,		rır.			
CITY-ST-ZIP	WASHINGTON DC 20006			1.4 CITY-	ST-ZIP		ington, DC 20					
TITLE	SVPD		DELETE	2.1 TITLE			Vice Presigen	d of	Prog.	☐ Change	XX Addition	
NAME	Brewster, J. Alan		1	2.2 NAMÉ			ony Janetos					
STREET ADDRESS	1709 NEW YORK AVE. NW			2.3 STREE	ET ADDRESS		Street, NE,		rlr:		₽ •	
CITY-ST-ZIP	WASHINGTON DC		<u></u>	2. 4 CITY-	ST-ZIP	Wash	ington, DC 2	0002			- - - - - - - - - -	
TITLE	VD		DELETE	3.1 TITLE	•		Bryd Dorick				··· 🖫 Addition	
NAME	REID, WALTER V		•	3.2 NAME			e President of			nt		
STREET ADDRESS	1709 NEW YORK AVE. NW			3.3 STREE	T ADDRESS	10 G	Street, NE,	8th 1	Flr.			
CITY-ST-ZIP	WASHINGTON DC 20006			3.4. CITY-	ST-ZIP	Wash	ington, DC 20	002				
TITLE	PD		☐ DELETE	4.1 TITLE						Change	Addition	
NAME	Lash, Johnathan			4. 2 NAME	Ē							
STREET ADORESS	1709 NEW YORK AVE. NW			4.3 STREI	ET ADDRESS							
CITY-ST-ZIP	WASHINGTON DC 20006			4.4 CITY-	ST-ZIP	<u> </u>						
TITLE	STD		DELETE	5.1 TITLE				-		Change	☐ Addition	
NAME	BEANE, MARJORIE			5.2 NAME								
STREET ADDRESS	1709 NEW YORK AVE. NW			5.3 STRE	ET ADDRESS	1						
CITY-ST-ZIP	WASHINGTON DC 20006			5.4 CITY-								
TITLE	VD		DELETE	6.1 TITLE						Change	☐ Addition	
NAME	WISE, DONNA			6.2 NAME								
STREET ADDRESS	1709 NEW YORK AVE			6.3 STREI	ET ADDRESS							
CITY-ST-ZIP	WASHINGTON DC 20006			6.4 CITY-								
44		41 FU d	and modific for the		Ainm ntntn	di- Cas	tion 110 07(3\/i) Elorida S	totutos	I further cor	tifu that the i	nformation	

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 additional other like empowered.

SIGNATURE Marjorie Beane AT MARKET SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGO DEFICE NOR OFFICE NOR OFFICE

4/9/99

202-729-7600

Daytime Phone #

CR2E037 (11/98)