

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P34360**  
 1. 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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2. Principal Place of Business 21 10 G Street, NE Suite, Apt. #, etc. 8th Floor City & State 23 Washington, DC 20002 Zip 24	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 06/18/1991	4. FEI Number 52-1257057 Applied For Not Applicable
		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

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP NAME KENTON MILLER STREET ADDRESS 1709 NEW YORK AVENUE, N.W. CITY-ST-ZIP WASHINGTON DC 20006	<input type="checkbox"/> DELETE	1.1 TITLE Sr. Vice President of Oper. 1.2 NAME Matthew Arnold 1.3 STREET ADDRESS 10 G Street, NE, 8th Flr. 1.4 CITY-ST-ZIP Washington, DC 20002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SVPD NAME BREWSTER, J. ALAN STREET ADDRESS 1709 NEW YORK AVE. NW CITY-ST-ZIP WASHINGTON DC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Sr. Vice Presigend of Prog. 2.2 NAME Anthony Janetos 2.3 STREET ADDRESS 10 G Street, NE, 8th Flr. 2.4 CITY-ST-ZIP Washington, DC 20002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME REID, WALTER V STREET ADDRESS 1709 NEW YORK AVE. NW CITY-ST-ZIP WASHINGTON DC 20006	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Lucy Bryd Dorick 3.2 NAME Vice President of Development 3.3 STREET ADDRESS 10 G Street, NE, 8th Flr. 3.4 CITY-ST-ZIP Washington, DC 20002	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME LASH, JOHNATHAN STREET ADDRESS 1709 NEW YORK AVE. NW CITY-ST-ZIP WASHINGTON DC 20006	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME BEANE, MARJORIE STREET ADDRESS 1709 NEW YORK AVE. NW CITY-ST-ZIP WASHINGTON DC 20006	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME WISE, DONNA STREET ADDRESS 1709 NEW YORK AVE CITY-ST-ZIP WASHINGTON DC 20006	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marjorie Beane DATE: 4/9/99 DAYTIME PHONE: 202-729-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)