

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003422

FILED
Apr 28, 2011
Secretary of State

Entity Name: BIODIVERSITY RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

19 FLAGGY MEADOW ROAD
GORHAM, ME 04038

New Principal Place of Business:

Current Mailing Address:

19 FLAGGY MEADOW ROAD
GORHAM, ME 04038

New Mailing Address:

FEI Number: 01-0815381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: COO
Name: ATTIX, LEE
Address: 19 FLAGGY MEADOW ROAD
City-St-Zip: GORHAM, ME 04038

Title: PD
Name: GULLIVER, JEAN
Address: 23 THORNHURST ROAD
City-St-Zip: FALMOUTH, ME 04105

Title: VD
Name: SCARPONE, MIKE
Address: 4 DEER RIDGE LANE
City-St-Zip: KITTERY, ME 03904

Title: TD
Name: FRANKLIN, TOM
Address: 96 ST. LAWRENCE STREET #2
City-St-Zip: PORTLAND, ME 04101

Title: SD
Name: MAHER, CHRIS DR.
Address: 96 FALMOUTH STREET
City-St-Zip: PORTLAND, ME 04103

Title: D
Name: EVERS, DAVID DR.
Address: 19 FLAGGY MEADOW ROAD
City-St-Zip: GORHAM, ME 04038

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEE ATTIX

COO

04/28/2011

Electronic Signature of Signing Officer or Director

Date