

1.) CORPORATION NAME:

**National Academy of Sciences**

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1672197**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**US**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 CONSTITUTION AVE NW

CITY/ST/ZIP: WASHINGTON, DC 20418

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	RALPH J CICERONE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2101 CONSTITUTION AVE NW		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20418		
NAME:	DIANE GRIFFIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	DEPT OF MOLECULAR MICROBIOLOGY JOHNS HOPKINS BLOOMBERG SCHOOL OF PUB HEALTH		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21205		
NAME:	MICHAEL T CLEGG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	FOREIGN SEC		
ADDRESS:	SCHOOL OF BIOLOGICAL SCIENCES UNIV OF CALIFORNIA, IRVINE		
CITY/ST/ZIP/CO:	IRVINE, CA 92697		
NAME:	JEREMIAH P OSTRIKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PRINCETON UNIVERSITY		
CITY/ST/ZIP/CO:	PRINCETON, NJ 08544		
NAME:	SUSAN R WESSLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	HOME SECRETARY		
ADDRESS:	UNIVERSITY OF CALIFORNIA, RIVERSIDE		
CITY/ST/ZIP/CO:	RIVERSIDE, CA 92521		
NAME:	ROBERT C DYNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COUNCIL MEMBER		
ADDRESS:	UNIVERSITY OF CALIFORNIA, SAN DIEGO		
CITY/ST/ZIP/CO:	9500 GILMAN DRIVE LAJOLLA, CA 92093-0436		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PAUL G FALKOWSKI		
TITLE:	COUNCIL MEMBER		
ADDRESS:	INSTITUTE OF MARINE AND COASTAL SCIENCES AND DEPT OF EARTH AND PLANETARY SCIENCES RUTGERS		
CITY/ST/ZIP/CO:	NEW BRUNSWICK, NJ 08901		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/		6/5/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.