


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 809761</b> 1. Entity Name NATIONAL AUDUBON SOCIETY, INC.	
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Principal Place of Business 700 BROADWAY NEW YORK, NY 10003	Mailing Address 700 BROADWAY NEW YORK, NY 10003
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-1624102	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLICKER, JOHN 215 E 68TH STREET #20B NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BROWNER, CAROL 7003 WESTMORELAND AVE TAKOMA PARK, MD 20912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINN, MONIQUE 123-09 BEACH CHANNEL DRIVE BELLE HARBOR, NY 11694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DOUGLAS, PATRICIA 21-A SEYMOUR LANE MEDFORD, NY 11763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHLE, CHARLES F 6900 56TH AVE NE SEATTLE, WA 98115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MODEL, ALLEN J 1720 DELANCEY PL PHILADELPHIA, PA 19103

400000747883  
05/17/07-80044-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Allen J Model* 4/23/07 (202) 979-3172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #