
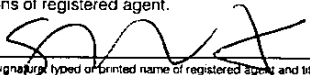
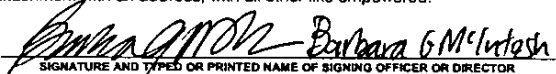


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 9:55

DOCUMENT # F04000001067					
1. Entity Name THE LEAGUE OF CONSERVATION VOTERS, INC.					
Principal Place of Business 1920 L STREET N.W. SUITE 800 WASHINGTON, DC 20036			Mailing Address 1920 L STREET N.W. SUITE 800 WASHINGTON, DC 20036		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 52-1733698	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OLIVER, ALLAN 1331 PALMETTO AVE. WINTER PARK, FL 32789			Name <u>Shirin Bidel-Niyat</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>1326 Palmetto Ave</u>		
			City <u>Winter Park</u> FL Zip Code <u>32174</u>		
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 				DATE <u>2/13/06</u>	
Signature typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ROBERTS, WILLIAM 1920 L STREET N.W. SUITE 800 WASHINGTON, DC 20036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rampa Hormel 1920 L Street, NW, Suite 800 Washington, DC 20036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLLACK, LANA 1920 L STREET N.W. SUITE 800 WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rodger O. Schlickseisen 1920 L Street, NW, Suite 800 Washington, DC 20036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALLAHAN, DEBRA 1920 L STREET N.W. SUITE 800 WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ed Zuckerman 1920 L Street, NW, Suite 800 Washington, DC 20036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEASE, DEBBIE 1920 L STREET N.W. SUITE 800 WASHINGTON, DC 20036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel Barbara G. McIntosh 1920 L Street, NW, Suite 800 Washington, DC 20036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gene Karpinski 1920 L Street, NW, Suite 800 Washington, DC 20036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400071649534 04/24/06--01070--017 **175.00 400071649534 04/24/06--01070--016 **122.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, 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: 			Date <u>2-28-06</u>		Daytime Phone # <u>202 454 4577</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

4/13/06