FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002839 (8)**

1. Corporation Name
ZERO POPULATION GROWTH, INCORPORATED

Principal Place of Business	Mailing Address
1400 SIXTEENTH ST., N.W. SUITE 320 WASHINGTON DC 20036	1400 SIXTEENTH ST., N.W. SUITE 320 WASHINGTON DC 20036

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 94-1703155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMSON, MICHAEL
3145 HYDE PARK PL.
PENSACOLA FL 32503-5845

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	DILLON-RIDGLEY, DIANNE		1.2 NAME	MONROE, MARTHA	
STREET ADDRESS	P.O. BOX 2982 N/A		1.3 STREET ADDRESS	7127 MAPLE AVENUE	
CITY-ST-ZIP	IOWA CITYES IO 52245		1.4 CITY-ST-ZIP	TAKOMA PARK, MD 20912	
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	ATKINS, CHET		2.2 NAME	SCHULTZ, JUDITH	
STREET ADDRESS	1540 MONUMENT STREET		2.3 STREET ADDRESS	10570 FALLIS ROAD	
CITY-ST-ZIP	CONCORD MA 01742		2.4 CITY-ST-ZIP	LOVELAND, OH 45140	
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEACH, EDWIN F II		3.2 NAME		
STREET ADDRESS	80 RIDGEWOOD ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ATTLEBORO MA 02703		3.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	4.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	SCHNEIDER, CLAUDINE		4.2 NAME	MEYER, ALDEN	
STREET ADDRESS	641 ACKER STREET, N.E.		4.3 STREET ADDRESS	15 MONTGOMERY AVENUE	
CITY-ST-ZIP	WASHINGTON OH 20002		4.4 CITY-ST-ZIP	TAKOMA PARK, MD 20912	
TITLE	VPD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	SIRAK, HOWARD		5.2 NAME	SIRAK, HOWARD	
STREET ADDRESS	2399 COMMONWEALTH PARK SOUTH		5.3 STREET ADDRESS	2399 COMMONWEALTH PARK SOUTH	
CITY-ST-ZIP	COLUMBUS OH 43209		5.4 CITY-ST-ZIP	COLUMBUS, OH 43209	
TITLE	SD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KUTSCHER, EUGENE		6.2 NAME		
STREET ADDRESS	80-26 189TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	JAMAICA NY 11423		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Alden Meyer, Treasurer 2/14/96 202-332-0900

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