2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90060 004 ****70.00

DOCUMENT # F94000002839

1. Entity 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 20036-2215

DO NOT WRITE IN THIS SPACE

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 94-1703155 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMSON, MICHAEL 3145 HYDE PARK PL. PENSACOLA FL 32503-5845	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JACOBSEN, JUDITH 6138 SIMMONS DR BOULDER CO	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Edwin F. Leach II 80 Ridgewood Road Attleboro, MA 02703	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KUTSCHER, EUGENE 80-26 189TH ST JAMAICA NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LEACH, EDWIN F II 80 RIDGEWOOD ROAD ATTLEBORO MA 02703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAILEY, JOE E 6411 CARTER LANE MINERAL VA 23117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WULSIN, ROSAMOND R 7114 WOODLAND AVENUE TAKOMA PARK MD 20912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rosamond Reed Wulsin II	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHULTZ, JUDITH 10570 FALLIS ROAD LOVELAND OH	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Jule M. Hallerdin 6501 Redhook Plaza, Suite 201 St. Thomas, VI 00802-1306	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Rosamond Reed Wulsin REQUIRED Rosamond Reed Wulsin II, 5/3/2000 202-332-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #