

MP

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mcrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002964 (2)
1. Corporation Name
THE STUDENT CONSERVATION ASSOCIATION, INC.



Principal Place of Business PO BOX 550 CHARLESTOWN NH 03603	Mailing Address 689 RIVER RD., P.O BOX 550 CHARLESTOWN NH 03603 US
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3. Date Incorporated or Qualified 06/13/1996	4. FEI Number 91-0880684	Applied For Not Applicable
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2. Principal Place of Business 21 689 RIVER ROAD Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 CHARLESTOWN City & State	27 City & State
23 NH Zip	28 Country
24 03603 Country	25 SULLIVAN Zip
29 Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
CSC THE UNITED STATES CORP.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST.
83
84 City
TALLAHASSEE FL 85 Zip Code
32301

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 CSC THE UNITED STATES CORPORATION CO (SEE ATTACHED) 7/1/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TWISS, JOHN	
STREET ADDRESS	901 TURKEY RUN ROAD	
CITY-ST-ZIP	MCLEAN VA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	USHER, KAREN S	
STREET ADDRESS	2117 BOBBYBER DR	
CITY-ST-ZIP	VIENNA VA	
TITLE	AC	<input type="checkbox"/> DELETE
NAME	JOST, PETER H.	
STREET ADDRESS	2101 "L" STREET NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	DFO	<input type="checkbox"/> DELETE
NAME	SATZ, JAY ADDISON	
STREET ADDRESS	605 13TH AVENUE	
CITY-ST-ZIP	SEATTLE WA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTLETT, EDMUND	
STREET ADDRESS	4 MELROSE STREET	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	AP	<input checked="" type="checkbox"/> DELETE
NAME	SHAND, VALERIE	
STREET ADDRESS	90 SCA	N/A
CITY-ST-ZIP	CHARLESTOWN NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARK BODIN	
1.3 STREET ADDRESS	689 RIVER ROAD	
1.4 CITY-ST-ZIP	STUDENT CONSERVATION ASSOCIATION, INC PO BOX 550 CHARLESTOWN, NH 03603	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DALE PENNY	
6.3 STREET ADDRESS	689 RIVER ROAD	
6.4 CITY-ST-ZIP	STUDENT CONSERVATION ASSOCIATION PO BOX 550 CHARLESTOWN, NH 03603	

14. 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 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.

CR2E037 (10/97)