

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002964

1. Entity Name

THE STUDENT CONSERVATION ASSOCIATION, INC.

**FILED**  
**Feb 25, 2000 8:00 am**  
**Secretary of State**

02-25-2000 90008 035 \*\*\*\*70.00

Principal Place of Business

Mailing Address

689 RIVER ROAD  
 CHARLESTOWN NH 03603

689 RIVER RD., P.O BOX 550  
 CHARLESTOWN NH 03603-0550  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-0880684

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CSC THE UNITED STATES CORP.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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	EVPP	<input type="checkbox"/> Delete
NAME	SHAND, VALERIE J	
STREET ADDRESS	RR2 BOX 75A	
CITY-ST-ZIP	WALPOLE NH 03608	
TITLE	VFPD	<input type="checkbox"/> Delete
NAME	HOLLEY, ROBERT D	
STREET ADDRESS	8 FALCON LANE	
CITY-ST-ZIP	NORWICH VT 05055	
TITLE	AC	<input type="checkbox"/> Delete
NAME	JUST, PETER H.	
STREET ADDRESS	2101 "L" STREET NW	
CITY-ST-ZIP	WASHINGTON DC 20037	
TITLE	VSF	<input type="checkbox"/> Delete
NAME	SATZ, JAY	
STREET ADDRESS	1735 NW 100TH ST	
CITY-ST-ZIP	SEATTLE WA 98177	
TITLE	C	<input type="checkbox"/> Delete
NAME	BARTLETT, EDMUND	
STREET ADDRESS	4 MELROSE STREET	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	P	<input type="checkbox"/> Delete
NAME	PENNY, DALE	
STREET ADDRESS	689 RIVER ROAD, STUDENT CONVERSATION ASSO.	
CITY-ST-ZIP	CHARLESTOWN NH 03603	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED	
STREET ADDRESS	FOR COMPLETE LISTINGS OF	
CITY-ST-ZIP	OFFICERS AND	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTORS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK BOBOW	
STREET ADDRESS	RR, Box 191	
CITY-ST-ZIP	CHESTER VT. 05143	cfo/ exec. v.p.
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK BOBOW

Date

2/15/2000

Daytime Phone #

603-543-1700

CR2E037 (9/99)