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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33563

1. Corporation Name

DEFENDERS OF WILDLIFE, INC.

Principal Place of Business

1101 14TH ST NW
STE. #1400
WASHINGTON DC 20005
US

Mailing Address

1101 14TH ST NW.
STE. #1400
WASHINGTON DC 20005
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/09/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

53-0183181

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEINBERG, ALAN
5522 RIVIERA DR.
CORAL GABLES FL 33146

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 SV
NAME ORASIN, CHARLIE
STREET ADDRESS 1823 ABBOTSFORD DRIVE
CITY-ST-ZIP VIENNA VA

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME BROKOW, THOMAS C.T.
STREET ADDRESS 4 E. 8TH ST.
CITY-ST-ZIP WILMINGTON DE

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE P
NAME SCHLICKERSEN, RODGER O
STREET ADDRESS 201 W ROSEMONT AVE
CITY-ST-ZIP ALEXANDRIA VA

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME MARTINEZ, ARTHUR C.
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE V
NAME LARSEN, ROBERT
STREET ADDRESS 504 SASCO HILL RD
CITY-ST-ZIP FAIRFIELD CT

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME ASNER, E
STREET ADDRESS 12400 VENTURE BLVD, 371
CITY-ST-ZIP STUDIO CITY CA 91604

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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, with all other like empowered.

SIGNATURE: *Charles Orasin* REQUIRED *Charles Orasin* 4/28/99 v.ice Pres for Oper.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)