

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 90701 005 ****61.25

DOCUMENT # P33563

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

53-0183181

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

**STEINBERG, ALAN
5522 RIVIERA DR.
CORAL GABLES FL 33146**

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 \$61.259. 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 SV ☐ Delete
NAME ORASIN, CHARLIE
STREET ADDRESS 1823 ABBOTSFORD DRIVE
CITY-ST-ZIP VIENNA VATITLE D ☒ Delete
NAME BROKOW, THOMAS C.T.
STREET ADDRESS 4 E. 8TH ST.
CITY-ST-ZIP WILMINGTON DETITLE P ☐ Delete
NAME SCHLICKENSEN, RODGER O
STREET ADDRESS 201 W ROSEMONT AVE
CITY-ST-ZIP ALEXANDRIA VATITLE T ☐ Delete
NAME MARTINEZ, ARTHUR C.
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES ILTITLE D ☐ Delete
NAME GABEL, CAROLINE
STREET ADDRESS 113 HOFFMAN LANE
CITY-ST-ZIP CHESTERTOWN MD 21620TITLE D ☐ Delete
NAME ASNER, E
STREET ADDRESS 12400 VENTURE BLVD, 371
CITY-ST-ZIP STUDIO CITY CA 91604TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Treasurer ☐ Change ☒ Addition
NAME Steinberg, Alan W.
STREET ADDRESS 1501 Venera Ave Ste #205
CITY-ST-ZIP Coral Gables, FL 33146TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-2-02

CR2E037 (9/01)