

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001330

**Entity Name:** WATERKEEPER ALLIANCE, INC.

**Current Principal Place of Business:**

17 BATTERY PLACE  
SUITE1329  
NEW YORK, NY 10004

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC3146762891**

**Current Mailing Address:**

17 BATTERY PLACE  
SUITE1329  
NEW YORK, NY 10004

**FEI Number: 13-4071318**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KENNEDY, ROBERT FJR  
Address 78 NORTH BROADWAY  
City-State-Zip: WHITE PLAINS NY 10603

Title DIRECTOR  
Name COPLAN, KARL  
Address 78 NORTH BROADWAY  
City-State-Zip: WHITE PLAINS NY 10603

Title D  
Name ABRAMS, WENDY  
Address 405 SHERIDAN ROAD  
City-State-Zip: HIGHLAND PARK IL 60035

Title SECRETARY  
Name POSTMAN, MARY BETH  
Address 78 NORTH BROADWAY E-HOUSE  
City-State-Zip: WHITE PLAINS NY 10603

Title DIRECTOR  
Name HECHT, GREY  
Address 1785 ZEMKE ROAD  
City-State-Zip: TALENT OR 97540

Title DIRECTOR  
Name MATTSON, MARK  
Address 17 BATTERY PLACE  
SUITE1329  
City-State-Zip: NEW YORK NY 10004

Title CHAIRMAN  
Name RINK, GLEN  
Address 4110 N. SCOTTSDALE RD.,  
SUITE 235  
City-State-Zip: SCOTTSDALE AZ 85251

Title ASSISTANT SECRETARY  
Name COOK, RACHEL  
Address 17 BATTERY PLACE  
SUITE1329  
City-State-Zip: NEW YORK NY 10004

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY BETH POSTMAN**

**SECRETARY**

**01/24/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           GALLAY, PAUL  
Address        17 BATTERY PLACE  
                  SUITE1329  
City-State-Zip: NEW YORK NY 10004

Title           DIRECTOR  
Name           WILKE, CHRIS  
Address        5309 SHILSHOLE AVE, NW, SUITE 150  
City-State-Zip: SEATTLE WA 98107

Title           DIRECTOR  
Name           MOORE, KRIS  
Address        26000 TORELLO LANE  
City-State-Zip: LOS ALTOS HILLS CA 94022

Title           DIRECTOR  
Name           BACKER, TERRY  
Address        17 BATTERY PLACE  
                  SUITE1329  
City-State-Zip: NEW YORK NY 10004

Title           DIRECTOR  
Name           CASI, CALLAWAY  
Address        450-C GOVERNMENT STREET  
City-State-Zip: MOBILE AL 36602

Title           DIRECTOR  
Name           TAMMINEN, TERRY  
Address        3110 MAIN STREET  
City-State-Zip: SANTA MONICA CA 90405

Title           DIRECTOR  
Name           STERN, LESSING  
Address        17 BATTERY PLACE  
                  SUITE1329  
City-State-Zip: NEW YORK NY 10004

Title           DIRECTOR  
Name           NENN, CHERYL  
Address        17 BATTERY PLACE  
                  SUITE1329  
City-State-Zip: NEW YORK NY 10004