

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000001330

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

**Current Principal Place of Business:**

180 MAIDEN LANE  
SUITE 603  
NEW YORK, NY 10038

**FILED**  
**Jan 18, 2017**  
**Secretary of State**  
**CC5118825631**

**Current Mailing Address:**

180 MAIDEN LANE  
SUITE 603  
NEW YORK, NY 10038 US

**FEI Number: 13-4071318**

**Certificate of Status Desired: No**

**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 TREASURER  
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  
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 600 BAY STREET  
SUITE 410 ONTARIO M5G 1M6 ,  
CANADA  
City-State-Zip: TORONTO OC

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

Title ASSISTANT TREASURER  
Name COOK, RACHEL  
Address 180 MAIDEN LANE  
SUITE 603  
City-State-Zip: NEW YORK NY 10038

**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: RACHEL COOK**

**ASSISTANT TREASURER 01/18/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR  
Name TAMMINEN, TERRY  
Address 1223 WILSHIRE BLVD  
SUITE 776  
City-State-Zip: SANTA MONICA CA 90403

Title DIRECTOR  
Name STERN, LESSING  
Address 180 MAIDEN LANE  
SUITE 603  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name WOCKNER, GARY  
Address 180 MAIDEN LANE  
SUITE 603  
City-State-Zip: NEW YORK NY 10038

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 NENN, CHERYL  
Address 1845 N FAREWELL AVE  
SUITE 100  
City-State-Zip: MILWAUKEE WI 53202