

2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001330

Entity Name: WATERKEEPER ALLIANCE, INC.

FILED
Jan 15, 2020
Secretary of State
3701898461CC

Current Principal Place of Business:

180 MAIDEN LANE
SUITE 603
NEW YORK, NY 10038

Current Mailing Address:

180 MAIDEN LANE
SUITE 603
NEW YORK, NY 10038 US

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 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

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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 01/15/2020

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 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

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

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