

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004623

Entity Name: THE JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH,
EDUCATION AND CONSERVATION, INC.**FILED**
Mar 07, 2016
Secretary of State
CC9656804667**Current Principal Place of Business:**1595 SPRING HILL ROAD S, SUITE 550
VIENNA, VA 22182**Current Mailing Address:**1595 SPRING HILL ROAD S, SUITE 550
VIENNA, VA 22182 US**FEI Number: 94-9807540****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 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	DIRECTOR
Name	MACRICOSTAS, GEORGE
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	DIRECTOR
Name	DANIEL, CARUCCI DR.
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	DIRECTOR
Name	GOODALL, JANE PHD
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	CHAIRMAN
Name	GRAFF, BRIAN
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	SECRETARY
Name	STEVENS, BETH
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	DIRECTOR
Name	MAPES, MARY
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	DIRECTOR
Name	MARTIN, KEITH
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

Title	DIRECTOR
Name	MCCLAIN, BRAD
Address	1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip:	VIENNA VA 22182

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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: CAROL IRWIN**EXECUTIVE DIRECTOR****03/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MERCER, CINDY
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title EXECUTIVE DIRECTOR
Name IRWIN, CAROL
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title TREASURER
Name BALAGUER, ELLEN
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name DERRYCK, VIVIAN
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name MCMANUS, GERALDINE
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name VORVA, MADISON
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name NORTON, JOAN
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title VP, FINANCE
Name FANNING, CHRIS
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name BERDINE, LINDA
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name FEISCHMANN, ALAN
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name OPPENHEIMER, REED
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182

Title DIRECTOR
Name WOODRUFF, STEVE
Address 1595 SPRING HILL ROAD S, SUITE 550
City-State-Zip: VIENNA VA 22182