

2016 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000004741

Entity Name: WOUNDED WARRIOR PROJECT, INC.

Current Principal Place of Business:

4899 BELFORT ROAD
SUITE 300
JACKSONVILLE, FL 32256

Current Mailing Address:

4899 BELFORT ROAD
SUITE 300
JACKSONVILLE, FL 32256 US

FEI Number: 20-2370934

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 CHIEF EXECUTIVE OFFICER
Name LINNINGTON, MICHAEL
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF OPERATING OFFICER
Name FLETCHER, CHARLIE
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title BOARD CHAIR, DIRECTOR
Name ORDIERNO, ANTHONY K.
Address 370 7TH AVENUE
SUITE 1802
City-State-Zip: NEW YORK NY 10001

Title BOARD SECRETARY, DIRECTOR
Name CAMPBELL, ROGER C.
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name CONSTANTINE, JUSTIN
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title BOARD VICE CHAIR, DIRECTOR
Name MCMICHAEL, III, GUY
Address 1120 G STREET NW
SUITE 700
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name JONES, RICHARD M
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name FISHER, KENNETH
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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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: RONALD W. BURGESS

**CHIEF FINANCIAL
OFFICER**

09/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TRYON, RICHARD T.
Address 4899 BELFORT ROAD
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF DEVELOPMNT OFFICER
Name CORLESS, GARY
Address 4899 BELFORT ROAD
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF FINANCIAL OFFICER
Name BURGESS, RONALD W.
Address 4899 BELFORT ROAD
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF PROGRAMS OFFICER
Name SILVA, JENNIFER
Address 4899 BELFORT ROAD
 SUITE 300
City-State-Zip: JACKSONVILLE FL 32256