

**2017 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 BOARD CHAIR, DIRECTOR
Name ORDIERNO, ANTHONY K.
Address 370 7TH AVENUE
SUITE 1802
City-State-Zip: NEW YORK NY 10001

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

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

Title CHIEF FINANCIAL OFFICER
Name MILLER, ERIC
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF DEVELOPMENT OFFICER
Name CORLESS, GARY
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: AMBER ALLRED

SECRETARY

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title CHIEF OF STAFF
Name TONER, CHRIS R.
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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

Title SECRETARY, VICE PRESIDENT,
GENERAL COUNSEL
Name ALLRED, AMBER
Address 4899 BELFORT ROAD
SUITE 300
City-State-Zip: JACKSONVILLE FL 32256

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