

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000002964

**FILED**  
**Apr 22, 2015**  
**Secretary of State**  
**CC2762219059**

**Entity Name:** THE STUDENT CONSERVATION ASSOCIATION, INC.

**Current Principal Place of Business:**

4245 NORTH FAIRFAX DRIVE  
SUITE 825  
ARLINGTON, VA 22203

**Current Mailing Address:**

4245 NORTH FAIRFAX DRIVE  
SUITE 825  
ARLINGTON, VA 22203 US

**FEI Number:** 91-0880684

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CSC THE UNITED STATES CORP.  
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           | PRESIDENT, CEO                        | Title           | EVP, ASSISTANT SECRETARY              |
| Name            | MATYAS, JAIME BERMAN                  | Name            | BAILEY, VALERIE                       |
| Address         | 4245 NORTH FAIRFAX DRIVE<br>SUITE 825 | Address         | 4245 NORTH FAIRFAX DRIVE<br>SUITE 825 |
| City-State-Zip: | ARLINGTON VA 22203                    | City-State-Zip: | ARLINGTON VA 22203                    |
|                 |                                       |                 |                                       |
| Title           | SECRETARY, GENERAL COUNSEL            | Title           | TREASURER                             |
| Name            | JOST, PETER H.                        | Name            | HALE, MARTIN M.                       |
| Address         | 1825 EYE STREET NW                    | Address         | 125 HIGH STREET<br>SUITE 801          |
| City-State-Zip: | WASHINGTON DC 20006                   | City-State-Zip: | BOSTON MA 02110                       |
|                 |                                       |                 |                                       |
| Title           | CHAIRMAN                              |                 |                                       |
| Name            | SEWARD, STEVEN T.                     |                 |                                       |
| Address         | 719 SECOND AVENUE<br>SUITE 1150       |                 |                                       |
| City-State-Zip: | SEATTLE WA 98104                      |                 |                                       |

*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:** VALERIE BAILEY

**ASSISTANT SECRETARY** 04/22/2015

Electronic Signature of Signing Officer/Director Detail

Date