

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002964

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
Name MATYAS, JAIME BERMAN
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title VICE CHAIRMAN, DIRECTOR
Name BROWN, MARGARET
Address 897 S WOLF RD
City-State-Zip: BIG LAKE AR 99652

Title DIRECTOR
Name UNSWORTH, BOB
Address 34 BRADFORD RD
City-State-Zip: NEWTON MA 02461

Title DIRECTOR
Name CAUDILL, CLAIRE
Address 518 WESTMINSTER DR
City-State-Zip: HOUSTON TX 77024

Title TREASURER, DIRECTOR
Name HALE, MARTIN M
Address 220 BOYLSTON STREET
APARTMENT 1020
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name TAMASHUNAS, BOB
Address 2 WOOD LN
City-State-Zip: RUMSON NJ 07760

Title DIRECTOR
Name GONZALEZ, CARRIE
Address 91-31 LAMONT AVE APT 6D
City-State-Zip: ELMHURST NY 11373

Title DIRECTOR
Name CYCYOTA, CYNDY
Address 19652 E FAIR PLACE
City-State-Zip: AURORA CO 80016

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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: BARBARA MCINTOSH**SECRETARY****04/27/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SANDERS, DOUG
Address 432 BRIDGE ST
City-State-Zip: SOUTH HAMILTON MA 01982

Title DIRECTOR
Name WONG, ERNIE
Address 888 S MICHIGAN AVE STE 1000
City-State-Zip: CHICAGO IL 60605

Title DIRECTOR
Name BARKER, JOANNE
Address 3120 WOODLAND DR NW
City-State-Zip: WASHINGTON DC 20008

Title DIRECTOR
Name COOK, PRIYA
Address 1685 CRESCENT PL NW APT 1
City-State-Zip: WASHINGTON DC 20009

Title DIRECTOR
Name PRUSKY, STEVE
Address 25 E ATHENS AVE
City-State-Zip: ARDMORE PA 19003

Title DIRECTOR
Name GRATTO, TIMOTHY
Address 86 AUTUMN DR
City-State-Zip: PORTLAND ME 04274

Title DIRECTOR
Name BOLGER, TOM
Address 1215 FOURTH AVENUE
SUITE 1010
City-State-Zip: SEATTLE WA 98161

Title SECRETARY
Name MCINTOSH, BARBARA
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name EFROYMSON, AMY
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name KRESS, KAREN
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name MORRIS, ELEANOR
Address 530 BLAINE ST
City-State-Zip: MISSOULA MT 59801

Title DIRECTOR
Name PRYOR, JJ
Address 2900 PURCHASE STREET
#215, APARTMENT 409
City-State-Zip: PURCHASE NY 10577

Title DIRECTOR
Name SCOTT, MARY GIBSON
Address PO BOX 333
City-State-Zip: MOOSE WY 83012

Title DIRECTOR
Name JACOBSON, RACHAEL
Address 1521 P STREET NW
City-State-Zip: WASHINGTON DC 20005

Title DIRECTOR
Name HOLTZMAN, STEVEN C
Address 20 HILLCREST RD
City-State-Zip: BERKELEY CA 94705

Title DIRECTOR
Name TAYLOR, R. VINCENT
Address 5150 RIDGE ROAD
City-State-Zip: CAZENOVIA NY 13035

Title DIRECTOR
Name PARKER, MAMIE
Address 45788 SHAGBARK TERRACE
City-State-Zip: DULLES VA 20166

Title ASST. TREASURER, CFO
Name DOBRZENIECKI, AIMEE
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title ASST. SECRETARY
Name GAZIANO, EMERSON
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name BONAIVIST, KATHY
Address 4245 NORTH FAIRFAX DRIVE
SUITE 825
City-State-Zip: ARLINGTON VA 22203

Title	DIRECTOR
Name	BAUM, MARK
Address	4245 NORTH FAIRFAX DRIVE SUITE 825
City-State-Zip:	ARLINGTON VA 22203