

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

DOCUMENT# P30057

**Entity Name:** WORLD WILDLIFE FUND, INC.**Current Principal Place of Business:**1250 24TH ST, NW  
WASHINGTON, DC 20037**Current Mailing Address:**1250 24TH ST, NW  
WASHINGTON, DC 20037**FEI Number:** 52-1693387**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 PD  
Name ROBERTS, CARTER S  
Address 1250 24TH STREET, NW  
City-State-Zip: WASHINGTON DC 20037

Title D  
Name ISDELL, NEVILLE  
Address 1250 24TH STREET, NW  
City-State-Zip: WASHINGTON DC 20037

Title TD  
Name LITTERMAN, ROBERT  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037

Title SR. VICE PRESIDENT & GENERAL COUNSEL  
Name ACKERLEY, MARGARET  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037

Title D  
Name MATSON, PAMELA  
Address 1250 24TH STREET, NW  
City-State-Zip: WASHINGTON DC 20037

Title SD  
Name LAZARUS, SHELLY  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037

Title CFO  
Name BAUER, MICHAEL  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037

Title COO  
Name MARSH, MARCIA  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037

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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: MICHAEL BAUER****CHIEF FINANCIAL  
OFFICER****01/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name MILLER, JULIE  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037

Title COMPTROLLER  
Name WADE, LEROY  
Address 1250 24TH ST, NW  
City-State-Zip: WASHINGTON DC 20037