

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809761 (0)
 1. Corporation Name
NATIONAL AUDUBON SOCIETY



Principal Place of Business 700 BROADWAY NEW YORK NY 10003	Mailing Address 700 BROADWAY NEW YORK NY 10003
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3. Date Incorporated or Qualified 04/14/1954	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business 21 [] Suite, Apt. #, etc. 22 [] City & State 23 [] Zip 24 []	2a. Mailing Address 26 [] Suite, Apt. #, etc. 27 [] City & State 28 [] Zip 29 []	4. FEI Number 13-1624102 Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BERLE, PETER A. A.	
STREET ADDRESS	530 E 86 ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, DOANL JR C	
STREET ADDRESS	NEW CANAAN, CT	
CITY-ST-ZIP	NEW HAVEN CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, JAMES A	
STREET ADDRESS	18 LITTLE JOHN PL	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DOUGLAS, PATRICIA	
STREET ADDRESS	162 E 37TH	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLMAN, GEORGE DR	
STREET ADDRESS	13285 ARMOND DR	
CITY-ST-ZIP	GLEN ELLEN CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEINECKE, JOHN B	
STREET ADDRESS	420 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN FICKEL	
1.3 STREET ADDRESS	215 E 68th ST #20 B	
1.4 CITY-ST-ZIP	New York, NY 10021	
2.1 TITLE	Chairman/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'BRIEN, JR. DONALD G.	
2.3 STREET ADDRESS	436 TRINITY PASS ROAD	
2.4 CITY-ST-ZIP	New Canaan, CT 06840	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Douglas 3/12/96 (nr) 979-3172
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)