

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 809761 (0)

1. Corporation Name
NATIONAL AUDUBON SOCIETY



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|--|---|
| Principal Place of Business 700 BROADWAY NEW YORK NY 10003 | Mailing Address 700 BROADWAY NEW YORK NY 10003-9536 |
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|--------------------------------|----|---------------------|----|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/14/1954 | 3a. Date of Last Report 03/19/1996 |
| 21 | 22 | 23 | 24 | 25 | 26 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | City & State | |
| City & State | | City & State | | Zip | |
| Country | | Country | | Country | |
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|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLICKER, JOHN | 1.2 NAME | |
| STREET ADDRESS | 215 E 68TH STREET #20B | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'BRIEN, DOANL JR C | 2.2 NAME | O'Brien, DONAL C. ETJ. |
| STREET ADDRESS | 436 TRINITY PASS ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW CANAAN CT | 2.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUNNINGHAM, JAMES A | 3.2 NAME | |
| STREET ADDRESS | 18 LITTLE JOHN PL | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | WHITE PLAINS NY | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOUGLAS, PATRICIA | 4.2 NAME | |
| STREET ADDRESS | 162 E 37TH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKLYN NY | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELLMAN, GEORGE DR | 5.2 NAME | Helen Marie Engle |
| STREET ADDRESS | 13285 ARMOND DR | 5.3 STREET ADDRESS | 4011 Alameda Avenue |
| CITY-ST-ZIP | GLEN ELLEN CA | 5.4 CITY-ST-ZIP | Tacoma, WA 98416 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEINECKE, JOHN B | 6.2 NAME | |
| STREET ADDRESS | 420 LEXINGTON AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/1/97** (22) 979-3172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0075077

CR2E037 (9/96)