

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90261 021 ****61.25

DOCUMENT # 809761

1. Entity Name

NATIONAL AUDUBON SOCIETY

Principal Place of Business

**700 BROADWAY
 NEW YORK NY 10003**

Mailing Address

**700 BROADWAY
 NEW YORK NY 10003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1624102

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FLICKER, JOHN	
STREET ADDRESS	215 E 68TH STREET #20B	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	O'BRIEN, DONAL C JR	
STREET ADDRESS	436 TRINITY PASS ROAD	
CITY-ST-ZIP	NEW CANAAN CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JAMES A	
STREET ADDRESS	18 LITTLE JOHN PL	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DOUGLAS, PATRICIA	
STREET ADDRESS	941 E 58TH ST	
CITY-ST-ZIP	BROOKLYN NY 11234	
TITLE	D	<input type="checkbox"/> Delete
NAME	ENGLE, HELEN M	
STREET ADDRESS	4011 ALAMEDA AVENUE	
CITY-ST-ZIP	TACOMA WA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEINECKE, JOHN B	
STREET ADDRESS	420 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

8/30/2001 (212) 979-3172

CP2E037 (5/01)