


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91031 044 ****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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

04222004 Chg-NP CR2E037 (10/03)

4. FEI Number 13-1624102	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLICKER, JOHN			NAME			
STREET ADDRESS	215 E 68TH STREET #20B			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK, NY			CITY-ST-ZIP			
TITLE	CD	<input checked="" type="checkbox"/> Delete		TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'BRIEN, DONAL C JR			NAME	Carol Browner		
STREET ADDRESS	436 TRINITY PASS ROAD			STREET ADDRESS	901 15th Street NW, Suite 1000		
CITY-ST-ZIP	NEW CANAAN, CT			CITY-ST-ZIP	Washington, DC 20005		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUINN, MONIQUE			NAME			
STREET ADDRESS	123-69 BEACH CHANNEL DR			STREET ADDRESS			
CITY-ST-ZIP	BELL HARBOR, NY 11694			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOUGLAS, PATRICIA			NAME			
STREET ADDRESS	21-A SEYMOUR LANE			STREET ADDRESS			
CITY-ST-ZIP	MEDFORD, NY 11763			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ENGLE, HELEN M.			NAME	Charles F. Kahle		
STREET ADDRESS	4011 ALAMEDA AVENUE			STREET ADDRESS	6900 56th Ave NE		
CITY-ST-ZIP	TACOMA, WA			CITY-ST-ZIP	Seattle, WA 98115		
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMPSEY, JACK			NAME			
STREET ADDRESS	4624 BROWDALE AVE			STREET ADDRESS			
CITY-ST-ZIP	EDINA, MN 55952			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Patricia Douglas Patricia Douglas **4/23/04 (v12) 979-3172**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #