

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# 809761

Entity Name: NATIONAL AUDUBON SOCIETY, INC.

**Current Principal Place of Business:**

225 VARICK STREET  
7TH FLOOR  
NEW YORK, NY 10014

**New Principal Place of Business:**

**Current Mailing Address:**

225 VARICK STREET  
7TH FLOOR  
NEW YORK, NY 10014

**New Mailing Address:**

FEI Number: 13-1624102      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLICKER, JOHN  
Address: 215 E 68TH STREET #20B  
City-St-Zip: NEW YORK, NY

Title: CD ( ) Delete  
Name: BROWNER, CAROL  
Address: 7003 WESTMORELAND AVE  
City-St-Zip: TAKOMA PARK, MD 20912

Title: V ( ) Delete  
Name: QUINN, MONIQUE  
Address: 123-09 BEACH CHANNEL DRIVE  
City-St-Zip: BELLE HARBOR, NY 11694

Title: AS ( ) Delete  
Name: DOUGLAS, PATRICIA  
Address: 21-A SEYMOUR LANE  
City-St-Zip: MEDFORD, NY 11763

Title: D ( ) Delete  
Name: KAHLE, CHARLES F  
Address: 6900 56TH AVE NE  
City-St-Zip: SEATTLE, WA 98115

Title: T ( ) Delete  
Name: MODEL, ALLEN J  
Address: 1720 DELANCEY PL  
City-St-Zip: PHILADELPHIA, PA 19103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: THRASHER, B. HOLT  
Address: 27 MORRELAND ROAD  
City-St-Zip: GREENWICH, CT 06831

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: DOUGLAS, PATRICIA  
Address: 21A SEYMOUR LANE  
City-St-Zip: MEDFORD, NY 11763

Title: D (X) Change ( ) Addition  
Name: SEMPLE, LLOYD  
Address: 400 RENAISSANCE CENTER  
City-St-Zip: DETROIT, MI 48243

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA DOUGLAS

AS

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date