## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 848906**

1. Entity Name

## ENVIRONMENTAL DEFENSE FUND, INCORPORATED

Principal Place of Business

Mailing Address

257 PARK AVENUE SOUTH

257 PARK AVENUE SOUTH NEW YORK NY 10010-7304

| EW TORK NT I   | 0010                               | MEN TOTAL TO TOOL TOO                                 |                  |   | 1   |  |                                       |                          |            |  |
|--|------------------------------------|---|------------------|---|---|--|---------------------------------------|--------------------------|------------|--|
|  |                                    |   |                  |   |   | HI <b>dian</b> 1 <b>6</b> Ha 18H <b>18</b> H <b>18</b> H 1 | <b>1</b> 40 <b>416</b> 0 <b>111</b> 0 | 11111 LIBN 11111         | 1111 1111  |  |
| . Principal Place of Business  |                                    | 3. Mailing Address                                    |                  |   |   |  |                                       |                          |            |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.                                   |                  |   | _   | DO NOT WRITE IN THIS SPACE                                 |                                       |                          |            |  |
| City & State   |                                    | City & State  |                  |   | 4. FEI Numbe  | 4. FEI Number 11-6107128 Applied For Not Applicable        |                                       |                          |            |  |
| Zip Country  |                                    | Zip   | Country          |   | 5. Certificate  | of Status Desired  |                                       | 8.75 Addi<br>ee Required |            |  |
|  | 6. Name and Address of Curren      | it Registered Agent                                   |                  |   | 7. Name and   | 7. Name and Address of New Registered Agent                |                                       |                          |            |  |
|  |                                    |   |                  | Name Corporation Service Company                                    |   |  |                                       |                          |            |  |
| SHELLIE, LOIS<br>20725 SOUTHWEST 114TH PLACE<br>MIAMI FL 33189   |                                    |   | -                | Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street |   |  |                                       |                          |            |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                                    |   | { `              |   | lahassee_   |  | FL                                    | Zip Code<br>32301        | <u> </u>   |  |
| . The above n  | amed entity submits this statement | for the purpose of changing its                       | registered       | office or regis   | stered agent, or both   | n, in the state of Flor                                    | ida.                                  |                          |            |  |
| SIGNATURE Victor de projet |                                    |   |                  |   |   |  |                                       |                          | ·          |  |
|  | Vicki Schreiber,                   | Asst. V.P   |                  | gent orginators rock  |   | <del></del>  |                                       |                          |            |  |
|  | · -                                | ection Campaign Financing \$5.0 st Fund Contribution. |                  |   | í   | Check F<br>partment  | Payable to<br>of State                |                          |            |  |
| 10.  | OFFICERS AND D                     | DIRECTORS   | 11.              |   | ADDITIONS/CH/   | ANGES TO OFFICER   | RS AND DIF                            | RECTORS IN               | 10         |  |
| TILE [   |                                    | Delete  | TITLE            |   |   | <u> </u>   | <del></del>                           | ☐ Change                 | Addition   |  |
|  | AILEY, EDWARD                      |   | NAME             | 1   |   |  |                                       | _ `                      | ;          |  |
|  | 257 PARK AVENUE SOUTH              |   | STREET           |   |   |  |                                       |                          | -          |  |
|  | NEW YORK NY 10010                  |   | CITY-ST          |   |   |  |                                       |                          | . j        |  |
| ITLE T   |                                    |   | TITLE            |   | Valan   | lawic R  |                                       | Change                   | Addition   |  |
|  | NCHLEY, WENDY                      |   | NAME             | 1   | Kaden, Lewis B. Change<br>150: Lexington Lue. Rm<br>NewYork, NY 10017 |  |                                       | ე. ე                     | 600        |  |
|  | 35 BOUDINOT STREET                 |   | STREET           | ADDRESS 2   | 450. Lex  | ington AL  | וצי                                   | KW Y                     | 820        |  |
| CITY-ST-ZIP  | PRINCETON NJ                       |   |                  | T-ZIP   | NewYork   | ( <u> </u>   | <u> 100 1</u>                         | 7                        |            |  |
| IITLE  | TR .                               | ☐ Delete  | TITLE            | }   | •   | ,  |                                       | ☐ Change                 | ☐ Addition |  |
| IAME [   | BENKARD, JAMES W.B.                |   | NAME             |   |   |  |                                       |                          |            |  |
|  | 1192 PARK AVENUE                   |   | •                | ADDRESS   |   |  |                                       |                          |            |  |
|  | NEW YORK NY                        | <del></del>   | CITY-S           | T-ZIP   |   |  |                                       |                          |            |  |
| (  | TR .                               | ☐ Delete  | TITLE            |   |   |  |                                       | Change                   | ☐ Addition |  |
|  | BINGHAM, SALLY G                   |   | NAME             |   |   |  |                                       |                          | Ì          |  |
|  | 7 LAUREL ST.                       |   | STREET<br>CITY-S | ADDRESS   |   |  |                                       |                          | ĺ          |  |
|  | SAN FRANCISCO CA                   | <del></del>   |                  | 1-214   |   |  |                                       | C7 05                    | - Addition |  |
|  | IR                                 | ☐ Delete  | TITLE            | }   |   |  |                                       | Change                   | Addition   |  |
|  | CATTO, JESSICA                     |   |                  | ADDRESS   |   |  |                                       |                          | j          |  |
|  | 1036 LITTLE WOODY CREEK            |   | CITY-S           |   |   |  |                                       |                          | }          |  |
|  | WOOD CREEK CO                      |   | TITLE            | <del></del>   |   |  |                                       | ☐ Change                 | Addition   |  |
| ,  | CECIL, MARY R. (MIMI)              | Delete  |                  | 1   | *   |  |                                       | CT Andrige               | Nation     |  |
|  | ***                                |   | NAME<br>STREET   | ADDRESS   |   |  |                                       |                          | )          |  |
|  | RESS 7 FRITH DRIVE                 |   | CITY-S           |   |   |  |                                       |                          | ļ          |  |
| 11   | 301 IL TILLE 110                   |   | _                |   |   |  | _                                     |                          |            |  |

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 &

24-505-215

**FILED** 

May 12, 2000 8:00 am Secretary of State

05-12-2000 90061 023 \*\*\*\*61.25