05-27-2002 90423 008 ****61.25
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02 Jun 19 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004693

1. Entity Name

Nature Conservancy Action Fund

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4201 Wilson Boulevard	4201 Wilson Boulevard
Suite, Apt. #, etc.: 110624	Suite, Apt. #, etc.: 110624
City & State: Arlington VA	City & State: Arlington VA
Zip: 22203 Country: USA	Zip: 22203 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 54-1549668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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

FEE IS $61.25 Initial or Amended UBR

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

TITLE	President	TITLE	
NAME	Margaret B. Coon	NAME	
STREET ADDRESS	4201 Wilson Blvd #110624	STREET ADDRESS	
CITY-ST-ZIP	Arlington VA 22203	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Carol L. Baudler	NAME	
STREET ADDRESS	4201 Wilson Blvd #110624	STREET ADDRESS	
CITY-ST-ZIP	ARlington VA 22203	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Michael Dennis	NAME	
STREET ADDRESS	4201 Wilson Blvd #110624	STREET ADDRESS	
CITY-ST-ZIP	Arlington VA 22203	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Karen S. Berky	NAME	
STREET ADDRESS	4201 Wilson Blvd #110624	STREET ADDRESS	
CITY-ST-ZIP	Arlington VA 22203	CITY-ST-ZIP	
TITLE	Assistant Secretary	TITLE	
NAME	Laura Griffen	NAME	
STREET ADDRESS	4201 Wilson Blvd #110624	STREET ADDRESS	
CITY-ST-ZIP	Arlington VA 22203	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	Douglas Hall	NAME	
STREET ADDRESS	4201 Wilson Blvd #110624	STREET ADDRESS	
CITY-ST-ZIP	Arlington VA 22203	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael Dennis, Secretary 4.15.02 703.841.5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #