

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004623

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE JANE GOODALL INSTITUTE FOR WILDLIFE RESEARCH, EDUCATION AND CONSERVATION, INC.

Current Principal Place of Business:

4245 NORTH FAIRFAX DRIVE, SUITE 600
ARLINGTON, VA 22203

New Principal Place of Business:

Current Mailing Address:

4245 NORTH FAIRFAX DRIVE, SUITE 600
ARLINGTON, VA 22203

New Mailing Address:

FEI Number: 94-9807540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS RD. #221E
PALM BEACH GARDENS, FL 33410 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: V () Delete
Name: MENZI, ROBERT G
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: NORMAN, MARY
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

Title: D () Change (X) Addition
Name: WADDELL, ROSS
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

Title: VC () Change (X) Addition
Name: KENDALL, DONALD
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

Title: T () Change (X) Addition
Name: DAVIS, POGO
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

Title: S () Change (X) Addition
Name: BERGER, KATHERINE
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

Title: C () Change (X) Addition
Name: SAKMAR, SUSAN L
Address: 4245 NORTH FAIRFAX DRIVE, SUITE 600
City-St-Zip: ARLINGTON, VA 22203

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: MARY NORMAN

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date