


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90039 002 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F92000000437</b>					
1. Corporation Name <b>THE SIERRA CLUB FOUNDATION, INCORPORATED</b>					
Principal Place of Business 220 SANSOME ST. SUITE 1100 SAN FRANCISCO CA 94104			Mailing Address 220 SANSOME ST. SUITE 1100 SAN FRANCISCO CA 94104		



2. Principal Place of Business 21 <b>85 Second Street</b> Suite, Apt. #, etc. 22 <b>Suite 750</b> City & State 23 <b>San Francisco, Ca.</b> Zip Country 24 <b>94105</b> 25		2a. Mailing Address 26 <b>SAME AS PRINCIPAL PLACE</b> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified <b>11/24/1992</b> 4. FEI Number <b>94-6069890</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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9. Name and Address of Current Registered Agent <b>WELLMAN, MARTHA</b> <b>1506 RANKIN AVE.</b> <b>TALLAHASSEE FL 32310</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HERSHEY, ROGER W		1.2 NAME				
STREET ADDRESS	2345 GRAND BLVD., STE. 2100		1.3 STREET ADDRESS				
CITY-ST-ZIP	KANSAS CITY MD 64108		1.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	DALTON, HARRY		2.2 NAME	ROBERT B. FLINT JR.			
STREET ADDRESS	663 GLENDALE DRIVE		2.3 STREET ADDRESS	85 Second St. Ste 750			
CITY-ST-ZIP	ROCK HILL SC		2.4 CITY-ST-ZIP	San Francisco, Ca. 94105			
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	WEINTZ, J. FRED JR		3.2 NAME	RICHARD CELLARIUS			
STREET ADDRESS	85 BROAD STREET, 2ND FLOOR		3.3 STREET ADDRESS	2439 Crestline Dr., NW			
CITY-ST-ZIP	NEW YORK NY 10004		3.4 CITY-ST-ZIP	Olympia, Wa. 98502			
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MARLENE FLUHARTY		4.2 NAME				
STREET ADDRESS	28115 MEADOWBROOK ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	NOVI MI		4.4 CITY-ST-ZIP				
TITLE	TR	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SARNOFF, WILLIAM		5.2 NAME	5 OFF MICHAEL LOEB			
STREET ADDRESS	1271 AVENUE OF THE AMERICAS		5.3 STREET ADDRESS	91 Central Park West			
CITY-ST-ZIP	NEW YORK NY 10020		5.4 CITY-ST-ZIP	New York, NY 10023			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME	AT MONA CANNON			
STREET ADDRESS			6.3 STREET ADDRESS	85 Second St. Suite 750			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	San Francisco, Ca. 94105			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 816 842 3636

Date

Daytime Phone #

CR2E037 (11/98)