FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002027 (1)

1. Corporation Name
RAINFOREST ALLIANCE, INCORPORATED

Principal Place of Business	Mailing Address
65 BLEECKER STREET NEW YORK NY 10012	65 BLEECKER STREET NEW YORK NY 10012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993
3a. Date of Last Report: 09/12/1994
4. FEI Number: 13-3377893 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOULDING, MICHAEL
2239 NW 43RD AVENUE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	ABBOUD, LABEED ESQ	1.2 NAME	
STREET ADDRESS	19 W. 69TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, DANIEL R	2.2 NAME	
STREET ADDRESS	319 GARFIELD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY 11209	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	KREIDER, KARIN	3.2 NAME	
STREET ADDRESS	417 BLOOMFIELD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ 07030	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	SKINNER, ELIZABETH	4.2 NAME	Maya Kennedy
STREET ADDRESS	164 WAVERLY PLACE, #6H	4.3 STREET ADDRESS	47 Grove Street, #2
CITY-ST-ZIP	NEW YORK NY 10014	4.4 CITY-ST-ZIP	New York, NY 10014
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHARLIN, PATRICIA J MS.	5.2 NAME	
STREET ADDRESS	10 WEST DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAG HARGOR NY 11963-1005	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SULZBERGER, JUDITH DR	6.2 NAME	
STREET ADDRESS	146 CENTRAL PARK WEST	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Daniel R. Katz, Executive Dir. 2/7/95 (212) 677-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073111

February 7, 1995

Kenny Manning
Corporate Specialist, Division of Corporations
Florida Dept. of State
P.O. Box 6327
Tallahassee, FL 32314

RE: SUBMITTAL OF RAINFOREST ALLIANCE'S ANNUAL REPORT
ASSIGNED DOCUMENT NUMBER: F93000002027

Dear Ms. Manning:

This provides you with a completed corporate Annual Report for the Rainforest Alliance and a check for the non-profit fee of $61.25.

If you have any questions or would like further information, please contact me at:

Rainforest Alliance
65 Bleecker Street
6th Floor
New York, NY 10012

(212) 677-1900

Sincerely,

Monique Lanner
Development Associate

enc.

65 Bleecker Street, New York, NY 10012-2420 212-677-1900 Fax: 212-677-2187 E-mail: canopy@edp.ape.org
Central American Office: Apdo. 138-2150, Moravia, San José, Costa Rica 506-236-3073 Fax: 506-240-2543 E-mail: tenber@huracan.cr
West Coast Office: 7778 Ludington Place, La Jolla, CA 92037 619-456-2944 Fax: 619-456-2946