2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
02-20-2001 90092 005 ****61.25

DOCUMENT # F93000002027

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 13-3377893 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOULDING, MICHAEL 6605 NW 57TH WAY GAINESVILLE FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ZIFF, ANN 153 EAST 53RD ST. 43RD FL NEW YORK NY 10022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M ~~Tensie~~ Whelan, Tensie 65 Bleecker Street New York, NY 10012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KATZ, DANIEL R 262 CENTRAL PARK WEST, #11C NEW YORK NY 10024	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Katz, Daniel R. 262 Central Park West, #11C New York, NY 10024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KREIDER, KARIN 417 BLOOMFIELD STREET HOBOKEN NJ 07030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S AMBROSINO, MARGIE 401 76TH ST APT 4D BROOKLYN NY 11209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Albuquerque, Helena 65 Bleecker Street New York, NY 10012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHARLIN, PATRICIA J MS. 50 SUTTON PLACE SOUTH, APT 14-C NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULZBERGER, JUDITH DR 146 CENTRAL PARK WEST NEW YORK NY 10023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 2/13/01 212-677-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #