2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000002027

1. Entity Name
RAINFOREST ALLIANCE, INCORPORATED

Principal Place of Business	Mailing Address
665 BROADWAY SUITE 500 NEW YORK, NY 10012 US	665 BROADWAY SUITE 500 NEW YORK, NY 10012 US

01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

GILBERT, RICHARD
1045 92ND STREET
BAY HARBOR ISLANDS, FL 33154

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Richard Gilbert Richard Gilbert 1/20/06
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000401914
02/02/06-80064-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	WHELAN, TENSIE
STREET ADDRESS	665 BROADWAY, SUITE 500
CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	C
NAME	KATZ, DANIEL R
STREET ADDRESS	262 CENTRAL PARK WEST, #11C
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	V
NAME	ABBOUD, LABEEB
STREET ADDRESS	19 WEST 69TH ST, #1206
CITY-ST-ZIP	NEW YORK, NY 10023
TITLE	S
NAME	ALBUQUERQUE, HELENA
STREET ADDRESS	665 BROADWAY, SUITE 500
CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	T
NAME	SCHULTE, PETER M
STREET ADDRESS	262 CENTRAL PARK WEST, #11F
CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	D
NAME	HALLMAN, ROBERT M
STREET ADDRESS	80 PINE ST
CITY-ST-ZIP	NEW YORK, NY 10005

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Tensie Whelan Tensie Whelan - Exec. Dir 1/20/06 2126771900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #