

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001390 (2)

1. Corporation Name

EARTH COUNCIL FOUNDATION - US, INC.



Principal Place of Business % SUSAN A. COBB 1250 CONNECTICUT AVE., N.W., SUITE 700 WASHINGTON DC 20036	Mailing Address % SUSAN A. COBB 1250 CONNECTICUT AVE., N.W., SUITE 700 WASHINGTON DC 20036
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3. Date Incorporated or Qualified

03/23/1995

4. FEI Number

52-1693157

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

ROGOL, MARTIN H
530 CAPTAIN'S RD.
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

139 EGRET DR.

83

84 City

JUPITER

FL

85 Zip Code

33458

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	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGOL, MARTIN H	1.2 NAME	MARTIN H. ROGOL
STREET ADDRESS	530 CAPTAIN'S RD.	1.3 STREET ADDRESS	139 EGRET DRIVE
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	JUPITER FL 33458
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACNEILL, JAMES	2.2 NAME	
STREET ADDRESS	110 RIDEAU TER.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OTTAWA, CANADA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIBUYA, HIRONOBU	3.2 NAME	
STREET ADDRESS	1140 19TH ST., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20036	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONG, MAURICE F	4.2 NAME	
STREET ADDRESS	700 UNIVERSITY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONTARIO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THACHER, PETER S	5.2 NAME	
STREET ADDRESS	54 GOLD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STONINGTON CT 06378	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALOW, MAXIMO	6.2 NAME	
STREET ADDRESS	PO BOX 2323-1002 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CO	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)