

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002964

FILED
Apr 10, 2008
Secretary of State

Entity Name: THE STUDENT CONSERVATION ASSOCIATION, INC.

Current Principal Place of Business:

689 RIVER ROAD
CHARLESTOWN, NH 03603

New Principal Place of Business:

Current Mailing Address:

689 RIVER RD., P.O BOX 550
CHARLESTOWN, NH 03603 US

New Mailing Address:

FEI Number: 91-0880684 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CSC THE UNITED STATES CORP.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: BODIN, MARK
Address: 689 RIVER ROAD
City-St-Zip: CHARLESTOWN, NH 03603

Title: EVP () Delete
Name: BAILEY, VALERIE
Address: 689 RIVER ROAD
City-St-Zip: CHARLESTOWN, NH 03603

Title: D () Delete
Name: COLEMAN, WILLIAM
Address: 62 SUMMER ST
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: ELIAS, PATRICIA
Address: 209 S. TEE STREET
City-St-Zip: BLACKSBURG, VA 24060

Title: D () Delete
Name: CLEARY, PAULA
Address: 304 BAYBERRY LANE
City-St-Zip: WESTPORT, CT 06880

Title: PCEO () Delete
Name: PENNY, DALE
Address: 689 RIVER ROAD
City-St-Zip: CHARLESTOWN, NH 03603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: SEAMAN, RICHARD J
Address: 689 RIVER ROAD
City-St-Zip: CHARLESTOWN, NH 03603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD J SEAMAN

CFO

04/10/2008

Electronic Signature of Signing Officer or Director

Date