2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004
Secretary of State

DOCUMENT# F99000001131

Entity Name: THE WORLD PARROT TRUST USA, INC.

Current Principal Place of Business:

PO BOX 353
STILLWATER, MN 55082

New Principal Place of Business:

Current Mailing Address:

PO BOX 353
STILLWATER, MN 55082

New Mailing Address:

FEI Number: 62-1561595 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, STEVE
9014 THOMPSON NURSERY ROAD
LAKE WALES, FL 33853 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:	C	( ) Delete
Name:	REYNOLDS, MICHAEL	
Address:	GLANMOR HOUSE	
City-St-Zip:	HAYLE CORNWALL, UK TRZ74HB OC	
Title:	D	( ) Delete
Name:	MUNN, CHARLES A III PHD	
Address:	668 PUBLIC LEDGER BLDG	
City-St-Zip:	PHILADELPHIA, PA 191063474	
Title:	D	( ) Delete
Name:	GREENWOOD, ANDREW DR	
Address:	INTL ZOO VET GROUP/KEIGHLEY BUS. CTR	
City-St-Zip:	KEIGHLEY BD 21 1AG UK,	
Title:	D	( ) Delete
Name:	MARTIN, STEVE	
Address:	9014 THOMPSON NURSERY ROAD	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	ST	( ) Delete
Name:	ECKLES, JOANNA	
Address:	2412 CREEKSIDE CT	
City-St-Zip:	STILLWATER, MN 55082	
Title:	MD	( ) Delete
Name:	GILARDI, JAMES	
Address:	725 PEACH PLACE	
City-St-Zip:	DAVIS, CA 95616	

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOANNA ECKLES ST 01/08/2004
Electronic Signature of Signing Officer or Director — Date