2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT
DOCUMENT# N03000005323
Entity Name: WIKIMEDIA FOUNDATION, INC.

Current Principal Place of Business: 3911 HARRISBURG ST. NE
ST. PETERSBURG, FL 33703

Current Mailing Address: 3911 HARRISBURG ST. NE
ST. PETERSBURG, FL 33703

FEI Number: 20-0048703

Name and Address of Current Registered Agent: WALES, JIMMY D
3911 HARRISBURG ST. NE
ST. PETERSBURG, FL 33703 US

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: P  ( ) Delete
Name: WALES, JIMMY D
Address: 3911 HARRISBURG ST. NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title:  ( ) Delete
Name: 
Address: 
City-St-Zip: 

Title:  ( ) Delete
Name: 
Address: 
City-St-Zip: 

Title:  ( ) Delete
Name: 
Address: 
City-St-Zip: 

Title:  ( ) Delete
Name: 
Address: 
City-St-Zip: 

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:  ( ) Change ( ) Addition
Name: 
Address: 
City-St-Zip: 

Title: VP  ( ) Change (X) Addition
Name: DEVOUARD, FLORENCE
Address: 17 AVENUE DES PAULINES
City-St-Zip: CLERMONT-FERRAND, FRANCE, 63000 FR

Title: S  ( ) Change (X) Addition
Name: BEESLEY, ANGELA
Address: 9 WALLIS COURT
City-St-Zip: COLCHESTER, ESSEX CO3 9XU, UK ENGLAND UK

Title: T  ( ) Change (X) Addition
Name: DAVIS, MICHAEL
Address: 1936 BRIGHTWATERS AVE.
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title:  ( ) Change (X) Addition
Name: SHELL, TIM
Address: 3335 HAUCK ST, #1041
City-St-Zip: LAS VEGAS, NV 89146 US

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: JIMMY WALES
09/14/2004