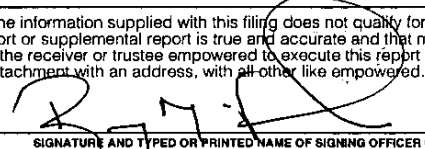


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90080 006 ****61.25

DOCUMENT # P19771 1. Entity Name THE WILDERNESS SOCIETY, INCORPORATED					
Principal Place of Business 1615 M. STREET, NW WASHINGTON, DC 20036 US			Mailing Address 1615 M. STREET, NW WASHINGTON, DC 20036 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACA, JAMES R ONE CIVIC PLAZA, NW, 11TH FLOOR, RM 11103 ALBUQUERQUE, NM 87102 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Meadows, William 1615 M Street, NW Washington, DC 20036 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMPERS, WILLIAM M 1299 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20004 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bumpers, William H. 1299 Pennsylvania Avenue, NW Washington, DC 20036 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, RICHARD 900 MONTGOMERY STREETM STE 400 SAN FRANCISCO, CA 94133 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Walker, Douglas W. 1500 Dexter Avenue North Seattle, WA 98109 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHURCH, BETHINE 480 N. WALNUT BOISE, ID 83712 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHN, BERTRAM J 437 MADISON AVENUE NEW YORK, NY 10022 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONON, WILLIAM J PH.D 5103 HUMANITIES BLVD, 455 N. PARK ST. MADISON, WI 53706 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  Barry M. Ferlinz 2/3/05 202-429-2669 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					