FILED
Feb 20, 2006 08:00 AM
Secretary of State

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P19771

1. Entity Name
THE WILDERNESS SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
1615 M. STREET, NW WASHINGTON, DC 20036 US	1615 M. STREET, NW WASHINGTON, DC 20036 US

DO NOT WRITE IN THIS SPACE

01162006 No Chg-NP CR2E037 (11/05)

4. FEI Number 53-0167933 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MEADOWS, WILLIAM
STREET ADDRESS	1615 M STREET NW
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	T
NAME	BUMBERS, WILLIAM M
STREET ADDRESS	1299 PENNSYLVANIA AVENUE, NW
CITY-ST-ZIP	WASHINGTON, DC 20036
TITLE	S
NAME	WALKER, DOUGLAS W
STREET ADDRESS	1500 DEXTER AVENUE NORTH
CITY-ST-ZIP	SEATTLE, WA 98109
TITLE	D
NAME	CHURCH, BETHINE
STREET ADDRESS	460 N. WALNUT
CITY-ST-ZIP	BOISE, ID 83712
TITLE	D
NAME	COHN, BERTRAM J
STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	D
NAME	CRONON, WILLIAM J PH.D
STREET ADDRESS	5103 HUMANITIES BLVD, 455 N. PARK ST.
CITY-ST-ZIP	MADISON, WI 53706

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03/03/06-80003-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 McFarlane 2/6/06 202.429-2669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #