

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90132 003 \*\*\*\*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

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

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 **D** ☐ Delete  
NAME **BACA, JAMES R**  
STREET ADDRESS **ONE CIVIC PLAZA, NW, 11TH FLOOR, RM 11103**  
CITY-ST-ZIP **ALBUQUERQUE NM 87102**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BUMBERS, WILLIAM M**  
STREET ADDRESS **1299 PENNSYLVANIA AVENUE, NW**  
CITY-ST-ZIP **WASHINGTON DC 20004**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BLUM, RICHARD**  
STREET ADDRESS **900 MONTGOMERY STREETM STE 400**  
CITY-ST-ZIP **SAN FRANCISCO CA 94133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CHURCH, BETHINE**  
STREET ADDRESS **480 N. WALNUT**  
CITY-ST-ZIP **BOISE ID 83712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COHN, BERTRAM J**  
STREET ADDRESS **437 MADISON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CRONON, WILLIAM J PH.D**  
STREET ADDRESS **5103 HUMANITIES BLVD, 455 N. PARK ST.**  
CITY-ST-ZIP **MADISON WI 53706**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

*Stacy 44 Farlow* **CFO** **8-28-03**

CR2E037 (4/03)