SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997

STREET ADORESS

CITY-ST-ZIP

1436 U STREET NW

WASHINGTON DC

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). Aug 18 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P22776 (9) GREENPEACE, INC. Principal Place of Business Mailing Address 1436 "U" STREET N.W. 1436 "U" STREET N.W. SUITE 201A SUITE 201A DO NOT WRITE IN THIS SPACE WASHINGTON DC 20009 WASHINGTON DC 20009 3. Date Incorporated or Qualified 3a. Date of Last Report 01/30/1989 02/07/1996 2. Principal Place of Business 4. FEI Number 28. Mailing Address Applied For 52-1541501 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip This corporation owes or has pald the current year Intangible 30 Personal Property Tax due June 30. 24 25 28 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HUFFMAN, JESS H 82 Street Address (P.O. Box Number is Not Acceptable) 1141-B HYACINTH PLACE 83 WEST PALM BEACH FL 33414 City 84 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition Change TITLE 1.1 TITLE **DUDLEY, BARBARA** NÁME 1.2 NAME 1436 U ST., NW 1.3 STREET ADDRESS STREET ADORESS WASHINGTON DC 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Deputy Executive Director Addition TITLE 2.1 TITLE ED JOHNSON, VENOLA NAME 2.2 NAME STREET ADDRESS 1436 U ST., NW 2.3 STREET ADDRESS WASHINGTON DC CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SVC CAROTHERS, ANDRE 3.2 NAME NAME 1436 U ST., NW STREET ADDRESS 3.3 STREET ADDRESS WASHINGTON DC CITY-ST-7IP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition RIOS, JAIRO H 4. 2 NAME NAME 1436 U ST., NW 4.3 STREET ADDRESS STREET ADDRESS WASHINGTON DC 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE ChAIL TITLE JOANNE KliejunAS 878 Longridge Rad NAME STEVENSON, MARGARET 5.2 NAME 1436 U ST., NW 5.3 STREET ADDRESS STREET ADDRESS 94610 WASHINGTON DC 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DEL€TE Addition 6.1 TITLE Change TITLE NAME DANIELS, RONALD 6.2 NAME 6.3 STREET ADDRESS

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if charged, or on an attachment with an address.

6.4 CITY-ST-ZIP