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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24362

1. Corporation Name

FRIENDS OF CONSERVATION - FRIENDS OF THE MASAI M
ARA, INCORPORATED

Principal Place of Business

1520 KENSINGTON, STE 201
OAK BROOK IL 60521

Mailing Address

1520 KENSINGTON, STE 201
OAK BROOK IL 60521



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 05/16/1989 4. FEI Number 36-3561971 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

COOKE, NORMA L
9301 NORTH AIA SUITE 1
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KENT, JORIE BUTLER	1.2 NAME	
STREET ADDRESS	1520 KENSINGTON, #201	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	1.4 CITY-ST-ZIP	
TITLE	TVD	2.1 TITLE	
NAME	KENT, GEOFFREY J.W.	2.2 NAME	
STREET ADDRESS	1520 KENSINGTON, #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	2.4 CITY-ST-ZIP	
TITLE	PSD	3.1 TITLE	
NAME	BUTLER, REUTE	3.2 NAME	
STREET ADDRESS	1520 KENSINGTON, #201	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	
NAME	COOKE, NORMA L.	4.2 NAME	
STREET ADDRESS	1520 KENSINGTON, #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	WEBLEY, JOHN	5.2 NAME	
STREET ADDRESS	1520 KENSINGTON, #201	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma L. Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

630-954-3388

Date Daytime Phone #

0081931

CR2E037 (1/98)