


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P24362 1. Entity Name FRIENDS OF CONSERVATION - FRIENDS OF THE MASAI MARA, INCORPORATED	
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Principal Place of Business 1520 KENSINGTON, STE 212 OAK BROOK, IL 60523	Mailing Address 1520 KENSINGTON, STE 212 OAK BROOK, IL 60523
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03082005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3561971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COOKE, NORMA L. 9301 NORTH AIA SUITE 201 VERO BEACH, FL 32963
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**DO NOT WRITE
IN THIS SPACE**

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, 2005**

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

U000000279534
03/28/05-80070-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENT, JORIE BUTLER 1520 KENSINGTON, #212 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD KENT, GEOFFREY J.W. 1520 KENSINGTON, #212 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BUTLER, REUTE 1520 KENSINGTON, #212 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COOKE, NORMA L. 1520 KENSINGTON, #212 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEBLEY, JOHN 1520 KENSINGTON, #212 OAK BROOK, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Norma L Cooke* **NORMA L COOKE, ASST SEC.** *03/23/05 630 9573388*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #