

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29320** (9)
1. Corporation Name
AMERICAN RIVERS, INC.



Principal Place of Business
**801 PENNSYLVANIA AVE SE #400
SUITE 400
WASHINGTON DC 20003**

Mailing Address
**801 PENNSYLVANIA AVE SE #400
SUITE 400
WASHINGTON DC 20003**

3. Date Incorporated or Qualified
05/14/1990

3a. Date of Last Report
02/16/1995

2. Principal Place of Business
21 1025 Vermont Ave., N.W.
Suite, Apt. #, etc.
22 Suite # 720
City & State
23 Washington, D.C. 20005
Zip
24 20005

2a. Mailing Address
25 1025 Vermont Ave., N.W.
Suite, Apt. #, etc.
26 Suite # 720
City & State
27 Washington, D.C. 20005
Zip
28 20005

Country
29 USA

Country
30 USA

4. FEI Number
23-7305963

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**REED, NATHANIEL
6 RIVERVIEW RD
HOBE SOUND FL 33455**

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

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SISSON, WALTER	
STREET ADDRESS	2519 SWIFT RUN ST	
CITY-ST-ZIP	VIENNA VA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WOTTER, REBECCA	
STREET ADDRESS	6108 UNION CAMP DR	
CITY-ST-ZIP	FAIRFOX STATION VA	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	CULTER, RAY	
STREET ADDRESS	7810 FREEHOLLOW DR	
CITY-ST-ZIP	FALLS CHURCH VA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEMENT, POLLY	
STREET ADDRESS	670 MARYLAND AVE, NE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HATCH, WHITNEY	
STREET ADDRESS	4331 GARFIELD ST, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, JAMES E JR	
STREET ADDRESS	200 CRESCENT CT., #1500	
CITY-ST-ZIP	DALLAS TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wodder, Rebecca
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Chairman of the Board
3.3 STREET ADDRESS	Tom Grassi
3.4 CITY-ST-ZIP	240 Millstone Road
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Wilton, CT 06897
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Rebecca Wodder** Rebecca Wodder, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)