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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29320 (9)

1. Corporation Name
AMERICAN RIVERS, INC.



Principal Place of Business 1025 VERMONT AVE., N.W. SUITE #720 WASHINGTON DC 20005 US	Mailing Address 1025 VERMONT AVE., N.W. SUITE #720 WASHINGTON DC 20005-3518 US
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3. Date Incorporated or Qualified 05/14/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7305963	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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 _____ (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	WODDER, REBECCA	
STREET ADDRESS	6106 UNION CAMP DR	
CITY-ST-ZIP	FAIRFOX STATION VA	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	GRASSI, TOM Tony	
STREET ADDRESS	240 MILLSTONE ROAD	
CITY-ST-ZIP	WILTON CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEMENT, POLLY	
STREET ADDRESS	670 MARYLAND AVE, NE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HATCH, WHITNEY	
STREET ADDRESS	4331 GARFIELD ST, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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.

SIGNATURE: Walter N. Sisson **REQUIRED** (202) 547-6900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0075178

CR2E037 (9/96)