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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29320

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/14/1990

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

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
NAME SISSON, WALTER
STREET ADDRESS 2519 SWIFT RUN ST
CITY-STATE-ZIP VIENNA VA ☐ DELETE

TITLE P
NAME WODDER, REBECCA
STREET ADDRESS 6106 UNION CAMP DR
CITY-STATE-ZIP FAIRFOX STATION VA ☐ DELETE

TITLE D
NAME GRASSI, TONY D
STREET ADDRESS 240 MILLSTONE ROAD
CITY-STATE-ZIP WILTON CT ☐ DELETE

TITLE D
NAME DEMENT, POLLY
STREET ADDRESS 670 MARYLAND AVE, NE
CITY-STATE-ZIP WASHINGTON DC ☒ DELETE

TITLE D
NAME HATCH, WHITNEY
STREET ADDRESS 4331 GARFIELD ST, NW
CITY-STATE-ZIP WASHINGTON DC ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE P President ☒ Change ☐ Addition
2.2 NAME Rebecca Wodder
2.3 STREET ADDRESS 1025 Vermont Ave NW, Suite 720
2.4 CITY-STATE-ZIP Washington, DC 20005

3.1 TITLE D Director (and Vice Chair) ☒ Change ☐ Addition
3.2 NAME Anthony P. Grassi
3.3 STREET ADDRESS 1025 Vermont Ave NW, Suite 720
3.4 CITY-STATE-ZIP Washington, DC 20005

4.1 TITLE D Vice Chair of BOB ☐ Change ☒ Addition
4.2 NAME Richard V. Hopple
4.3 STREET ADDRESS 1025 Vermont Ave NW, Suite 720
4.4 CITY-STATE-ZIP Washington, DC 20005

5.1 TITLE C Chair of Board of Dir. ☒ Change ☐ Addition
5.2 NAME Whitney Hatch
5.3 STREET ADDRESS 1025 Vermont Ave NW, Suite 720
5.4 CITY-STATE-ZIP Washington, DC 20005

6.1 TITLE T Treasurer of BOB ☐ Change ☒ Addition
6.2 NAME Donald B. Ayer
6.3 STREET ADDRESS 1025 Vermont Ave NW, Suite 720
6.4 CITY-STATE-ZIP Washington, DC 20005

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: Walter Sisson SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 -- 202-347-7550

Date

Daytime Phone #

CR2E037 (1/98)