2001 UNIFORM BUSINESS REPORT-(UBR)

Apr 09, 2001 8:00 am ³ Secretary of State **DOCUMENT # P29320** 1. Entity Name AMERICAN RIVERS, INC. 04-09-2001 90016 024 ****70.00 Principal Place of Business Mailing Address 1025 VERMONT AVE., N.W. 1025 VERMONT AVE., N.W. SUITE #720 **SUITE #720** WASHINGTON DC 20005 WASHINGTON DC 20005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7305963 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REED, NATHANIEL 6 RIVERVIEW RD **HOBE SOUND FL 33455** Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change Vice-President ☐ Addition TITLE TITLE ☐ Delete SISSON, WALTER Walter Sisson NAME NAME 1025 VERMONT AVE NW, Suite 720 2519 SWIFT RUN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VIENNA VA <u>Washington</u> DC TITLE Change ☐ Addition TITLE ☐ Delete WODDER, REBECCA NAME NAME 1025 VERMONT AVE NW STE 720 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20005** CITY-ST-7IP DVC Change ☐ Addition TITLE ☐ Delete TITLE GRASSI, ANTHONY P NAME 1025 VERMONT AVE NW STE 720 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20005 **VCB** Change ☐ Addition TITLE ☐ Delete TITLE HOPPLE, RICHARD V NAME NAME 1025 VERMONT AVE NW STE 720 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20005 CBOD TITLE ☐ Defete TITLE ☐ Change ☐ Addition HATCH, WHITNEY NAME NAME 1025 VERMONT AVE NW STE 720 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20005 CITY-ST-ZIP TBOD TITLE TITLE ☐ Addition Delete ☐ Change AYER, DONALD B NAME NAME 1025 VERMONT AVE NW STE 720 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WASHINGTON DC 20005

12. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/30/01

202-347-7550