


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P29320 1. Entity Name AMERICAN RIVERS, INC.	
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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
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06302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-7305963	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, NATHANIEL  
 6 RIVERVIEW RD  
 HOBE SOUND, FL 33455

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

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

1000000373537  
 07/19/05-80002-016 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS SISSON, WALTER R 2519 SWIFT RUN ST VIENNA, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WODDER, REBECCA 1025 VERMONT AVE NW STE 720 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD BRAND, MARTHA 1025 VERMONT AVE NW STE 720 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBOD AYER, DONALD B 1025 VERMONT AVE NW STE 720 WASHINGTON, DC 20005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Walter Sisson Walter Sisson 7/1/05 202-347-7550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #