

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 03 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **P32507** (6)  
1. Corporation Name  
**NATIONAL WILDLIFE FEDERATION INCORPORATED**

|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| Principal Place of Business                 | Mailing Address                             |
| 8925 LEESBURG PIKE<br>VIENNA VA 22184<br>US | 8925 LEESBURG PIKE<br>VIENNA VA 22184<br>US |

|                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>01/17/1991</b>                                                                                                                  |                                                        |
| 4. FEI Number<br><b>53-0204616</b>                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                              |                                                        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                      |                                                        |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                          |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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                         | 28 Zip                 |
| 24 Country                     | 29 Country             |

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 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

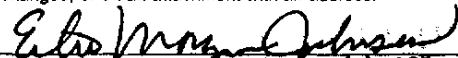
|                |                     |                                            |
|----------------|---------------------|--------------------------------------------|
| TITLE          | P                   | <input type="checkbox"/> DELETE            |
| NAME           | VAN PUTTEN, MARK    |                                            |
| STREET ADDRESS | 8925 LEESBURG PIKE  |                                            |
| CITY-ST-ZIP    | VIENNA VA           |                                            |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | STOUT, GENE         |                                            |
| STREET ADDRESS | 4307 CRANE CT       |                                            |
| CITY-ST-ZIP    | LOVELAND CO         |                                            |
| TITLE          | S                   | <input type="checkbox"/> DELETE            |
| NAME           | JOHNSON, EILEEN M   |                                            |
| STREET ADDRESS | 8925 LEESBURG PIKE  |                                            |
| CITY-ST-ZIP    | VIENNA VA           |                                            |
| TITLE          | T                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | MAC DONALD, PAIGE K |                                            |
| STREET ADDRESS | 8925 LEESBURG PIKE  |                                            |
| CITY-ST-ZIP    | VIENNA VA           |                                            |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | WARREN, THOMAS L    |                                            |
| STREET ADDRESS | BOX 13938 N/A       |                                            |
| CITY-ST-ZIP    | FT CARSON CO        |                                            |
| TITLE          | D                   | <input type="checkbox"/> DELETE            |
| NAME           | BARBER, GERALD R    |                                            |
| STREET ADDRESS | 344 HWY 51, 6       |                                            |
| CITY-ST-ZIP    | RIDGELAND MS        |                                            |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Treasurer                                                                    |
| 4.3 STREET ADDRESS | Lawrence J. Amon                                                             |
| 4.4 CITY-ST-ZIP    | 8925 Leesburg Pike<br>Vienna, VA 22184                                       |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | C                                                                            |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY-ST-ZIP    |                                                                              |

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.

SIGNATURE:

  
SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

8-18-98

Date

703-790-4453

Daytime Phone #

CR2E037 (5/98)