2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P32507

Entity Name: NATIONAL WILDLIFE FEDERATION INCORPORATED

Current Principal Place of Business:

11100 WILDLIFE CENTER DRIVE
RESTON, VA 201905362 US

New Principal Place of Business:

Current Mailing Address:

11100 WILDLIFE CENTER DRIVE
RESTON, VA 201905362 US

New Mailing Address:

FEI Number: 53-0204616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHWEIGER, LARRY
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

Title: C ( ) Delete
Name: RINGO, JEROME
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

Title: S ( ) Delete
Name: JOHNSON, EILEEN M
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

Title: T ( ) Delete
Name: GOMEZ-ZORMELO, DULCE M
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

Title: D ( ) Delete
Name: THOMPSON, CRAIG
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

Title: D ( ) Delete
Name: TOMB, SPENCER
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: LEWIN, CYNTHIA
Address: 11100 WILDLIFE CENTER DRIVE
City-St-Zip: RESTON, VA 201905362 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DULCE GOMEZ-ZORMELO T 05/01/2006

Electronic Signature of Signing Officer or Director — Date