

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P38074

1. Entity Name

THE OCEAN CONSERVANCY, INC.

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90008 031 *****61.25

UBR/304

Principal Place of Business 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036 US	Mailing Address 1725 DESALES ST., NW SUITE 600 WASHINGTON DC 20036 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7245152	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WITE, DAVID J 449 CENTRAL AVE. SUITE 200 ST PETERSBURG FL 33701	7. Name and Address of New Registered Agent Name White (Please correct last name) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOHLEN, CURTIS E.U. 4710 QUEBEC STREET, NW WASHINGTON DC 20016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTC GRESH, PHILIP M. 1140 WEST BRYN MAWR AVENUE ITASCA IL 60143 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANZOW, SANDRA 2237 Q ST., NW WASHINGTON DC 20008 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CAMERSON, SANDERS 3117 35TH STREET, NW WASHINGTON DC 20016 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MARTIN, SUSAN ONE 5TH AVE., APT. 20C NEW YORK NY 10003 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Peter M. Jones 1/17/02 (202) 429-5609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)