## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # P39632**

1. Corporation Name

SCENIC AMERICA, INC.

Principal Place of Business 801 PENNSYLVANIA AVE SE SUITE 300

WASHINGTON DC 20003

Mailing Address

801 PENNSYLVANIA SE SUFFE 300

WASHINGTON DC 20003

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90220 049 \*\*\*\*61.25

				3. Date Incorporated or Qualified				
<del>-</del> ,	I Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed 07/15/1992				
21	26		4. FEI Number	- IADE	lied For			
Suite, Apt. :			23-2188166					
22	<u> </u>	27						
City & State	——————————————————————————————————————		5. Certifcate of Status Desired	<b>\$8.75</b> Ad	I			
23		28		A- AA				
Zip	Country	<del> </del>	Zip Country		6. Election Campaign Financing \$5.00 May Be			
24	25	29 30		Trust Fund Contribution Added to Fees				
	9. Name and Address of Curren	t Registered Agent		M	10. Name and Address of New Registered	Agent		
			'	31 Name		•		
JONSON, WILLIAM C.			Į	32 Street A	ddress (P.O. Box Number is Not Acceptable)			
2694 REDFORD CT. W.			L					
CLEARWATER FL 34621			8	33				
			-	34 City		85 Zin C	nde	
				City	Fl	_   <b>85</b>   Zip <b>C</b>   337	61	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the abo	ove-named o	orporation submits this statement for the purpose o	f changing its r	egistered	
office or re	edistered agent, or both, in the State :	of Florida. Such change was a	utnonzea i	by the corpor	ration's board of directors. I hereby accept the appo	intment as regi	stered	
agent. I ai	m familiar with, and accept the obligat	uons or, Section 617.0503, FIO	nua Statut	C3.			į	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE	: Registered A	gent skonature red	quired when reinstating) DATE			
12.	100	D DIRECTORS	13.	a- · · · · ·	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12	
TITLE	CD	☐ DELETE	1.1 TITL	E	Chair	[X] Change	Addition	
NAME	HENDERSON, ROBERTA		1.2 NAM	ıe	Madeleine G. Appel		1	
STREET ADDRESS	4316 GLENVIEW AVENUE			EET ADDRESS	5223 Ariel			
	GLENVIEW KY 40025			-ST-ZIP	Houston, TX 77096			
CITY-ST-ZIP	PD PD	□ DELETE	2.1 TITL		Houston, IA 11090	Change	Addition	
TITLE				1			_	
NAME	m (40) (2)		2.2 NAW		801 Pennsylvania Ave	SE.	#300	
STREET ADDRESS				EET ADORESS	Washington, DC 2000			
CITY-ST-ZIP	-WASHINGTON DC-20036 -			Y-ST-ZIP	_ washinggon, bo zooc	[X] Change	Addition	
TITLÉ	VD	☐ DELETE	3.1 TITE	E	Vice Chair Kathryn J. Whitmire	24 Change	LI Addition	
NAME.	APPEL, MADELEINE		3.2 NAV	KE			M	
STREET ADDRESS	5223 ARIEL		3.3 STR	EET ADDRESS	1126 Taliaferro Hall			
CITY-ST-ZIP	HOUSTON TX 77096		3.4. CIT	Y-ST-ZIP	3322383 - 3323	)7 <u>42-77</u>		
TITLE	SD	☐ DELETÉ	4.1 TITL	E	Secretary	Change	Addition	
NAME	HARTIG, DAVID		4. 2 NA	ME	Ron Fleming			
STREET ADDRESS	1255 SOUTHERN AVE		4.3 STR	EET AODRESS	8 Lowell Street	•		
CITY-ST-ZIP	DUBUQUE IA 52001		4.4 C(T)	/-ST-ZIP	Cambridge, MA 02138	3		
TITLE	TD	☐ DELETE	5.1 TITL	E	Treasurer	Change	☐ Addition	
NAME	WHITMIRE, KATHY		5.2 NAM	Æ	Chuck Clusen		1	
STREET ADDRESS	1126 TALIEFERRO HALL		5.3 STR	EET ADDRESS	1200 New York Ave.	# L O O		
CITY-ST-ZIP	COLLEGE PARK MD 20742		5.4 CITY	/-ST-ZIP	IZUU NEW IOFK AVE.	, "700 105		
TITLE	COLUMN TO THE TAX TO THE	☐ DELETE	6.1 TITL		Washington, DC 200	Change	Addition	
			6.2 NAM	Æ [		-	•	
NAME				EET ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		Al. al. in Eliza and an anal an arrive se		/-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I further ce	artify that the in	formation	
14. I hereby o	reasty that the intormation supplied wi	in inis illing goes not gualify to	r ine exem	ionon stated	in Section 119.07(3)(i), Fibrida Statutes, Fibride Ce	and the state of t		

Indicated on this annual report or supplied will find lightly that the finding does not quality for the exemption stated in Section 1.19.07(3)(f), Florida Statutes. I further certify that the finding 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, with all other like empowered.

SIGNATURE:

1/19/99

202-543-6200