

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 22, 2009  
Secretary of State

DOCUMENT# N03000005323

Entity Name: WIKIMEDIA FOUNDATION, INC.

**Current Principal Place of Business:**

39 STILLMAN STREET  
SAN FRANCISCO, CA 94107

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 78350  
SAN FRANCISCO, CA 94107 83

**New Mailing Address:**

FEI Number: 20-0049703      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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: EC ( ) Delete  
Name: WALES, JIMMY D MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: C ( ) Delete  
Name: SNOW, MICHAEL MR  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: VC ( ) Delete  
Name: DVREEDE, JAN BART MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: ED ( ) Delete  
Name: GARDNER, SUE MS.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: DD ( ) Delete  
Name: MOELLER, ERIK MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

Title: GC ( ) Delete  
Name: MICHAEL, GODWIN MR.  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CFOO (X) Change ( ) Addition  
Name: VERONIQUE, KESSLER  
Address: P.O. BOX 78350  
City-St-Zip: SAN FRANCISCO, CA 94107 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:

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 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: SUE GARDNER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

ED

05/22/2009

\_\_\_\_\_ Date