

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000001406

**FILED**  
**Jan 06, 2016**  
**Secretary of State**  
**CC9138635408**

**Entity Name:** BAT CONSERVATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

500 N. CAPITAL OF TEXAS HWY., BLDG.1  
AUSTIN, TX 78746

**Current Mailing Address:**

500 N. CAPITAL OF TEXAS HWY., BLDG.1  
AUSTIN, TX 78746

**FEI Number: 74-2553144**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title            EXD  
Name            WALKER, ANDREW  
Address        P.O. BOX 162603  
City-State-Zip: AUSTIN TX 78716

Title            D  
Name            GADDY, JOY  
Address        P.O. BOX 162603  
City-State-Zip: AUSTIN TX 78716

Title            S  
Name            BAND, ANNE-LOUISE  
Address        P.O. BOX 162603  
City-State-Zip: AUSTIN TX 78716

Title            T  
Name            READ, ALEXANDER  
Address        P.O. BOX 162603  
City-State-Zip: AUSTIN TX 78716

Title            CHR  
Name            GEISELMAN, CULLEN  
Address        P.O. BOX 162603  
City-State-Zip: AUSTIN TX 78716

Title            VCHR  
Name            QUARLES, STEVEN DR.  
Address        P.O. BOX 162603  
City-State-Zip: AUSTIN TX 78716

Title            PHILANTHROPY COMMITTEE CHAIR  
Name            MARCUS, ANDREW  
Address        500 N. CAPITAL OF TEXAS HWY.,  
                  BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title            SCIENCE ADVISORY COMMITTEE  
Name            MCCracken, GARY  
Address        500 N. CAPITAL OF TEXAS HWY.,  
                  BLDG.1  
City-State-Zip: AUSTIN TX 78746

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*I hereby 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 all other like empowered.*

**SIGNATURE: JOY GADDY**

**DIRECTOR OF  
OPERATIONS**

**01/06/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title COMMITTEE CHAIR  
Name MITCHELL, JOHN  
Address 500 N. CAPITAL OF TEXAS HWY., BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name WALSTON, JOE  
Address 500 N. CAPITAL OF TEXAS HWY., BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name SECHREST, WES  
Address 500 N. CAPITAL OF TEXAS HWY., BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name CHESTER, CHARLES  
Address 500 N. CAPITAL OF TEXAS HWY., BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title FINANCE COMMITTEE CHAIR,  
TREASURER  
Name GUSTAFSON, DANIELLE  
Address 500 N. CAPITAL OF TEXAS HWY.,  
BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name MATHIS, BETTINA  
Address 500 N. CAPITAL OF TEXAS HWY.,  
BLDG.1  
City-State-Zip: AUSTIN TX 78746

Title DIRECTOR  
Name WALLACE, SUSAN  
Address 500 N. CAPITAL OF TEXAS HWY.,  
BLDG.1  
City-State-Zip: AUSTIN TX 78746