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: TAMARA JOHNSON

City-State-Zip: RESTON VA 20190

Electronic Signature of Signing Officer/Director Detail

#### 2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P32507

### Entity Name: NATIONAL WILDLIFE FEDERATION INCORPORATED

### **Current Principal Place of Business:**

11100 WILDLIFE CENTER DRIVE RESTON, VA 20190-5362

# **Current Mailing Address:**

11100 WILDLIFE CENTER DRIVE RESTON, VA 20190-5362 US

## FEI Number: 53-0204616

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

**Officer/Director Detail :** 

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:

Address

Title PRESIDENT Title SECRETARY O'MARA, COLLIN Name KOTA, BENJAMIN Name 11100 WILDLIFE CENTER DRIVE 11100 WILDLIFE CENTER DRIVE Address Address City-State-Zip: RESTON VA 20190-5362 RESTON VA 20190-5362 City-State-Zip: Title A. T Title TREASURER Name JOHNSON, TAMARA Name WAGNER, KAREN Address 11100 WILDLIFE CENTER DR Address 11100 WILDLIFE CENTER DRIVE RESTON VA 20190 City-State-Zip: City-State-Zip: **RESTON VA 20190-5362** DIRECTOR Title Title DIRECTOR Name HOUSTON, BILL WALLACE. BRUCE Name Address 11100 WILDLIFE CENTER DRIVE 11100 WILDLIFE CENTER DRIVE Address City-State-Zip: RESTON VA 20190 City-State-Zip: RESTON VA 20190 Title DIRECTOR HADLEY, KATHY Name

11100 WILDLIFE CENTER DR

CONTROLLER

03/22/2021

FILED Mar 22, 2021 Secretary of State 8260536590CC

Date

Certificate of Status Desired: No

Date