

**2022 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

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            O'MARA, COLLIN  
Address        11100 WILDLIFE CENTER DRIVE  
City-State-Zip: RESTON VA 20190-5362

Title            SECRETARY  
Name            KOTA, BENJAMIN  
Address        11100 WILDLIFE CENTER DRIVE  
City-State-Zip: RESTON VA 20190-5362

Title            TREASURER  
Name            WAGNER, KAREN  
Address        11100 WILDLIFE CENTER DRIVE  
City-State-Zip: RESTON VA 20190-5362

Title            A. T  
Name            JOHNSON, TAMARA  
Address        11100 WILDLIFE CENTER DR  
City-State-Zip: RESTON VA 20190

Title            CHAIR  
Name            SALAZAR, KENT  
Address        11100 WILDLIFE CENTER DRIVE  
City-State-Zip: RESTON VA 20190

Title            DIRECTOR  
Name            HOUSTON, BILL  
Address        11100 WILDLIFE CENTER DRIVE  
City-State-Zip: RESTON VA 20190

Title            DIRECTOR  
Name            HADLEY, KATHY  
Address        11100 WILDLIFE CENTER DR  
City-State-Zip: RESTON VA 20190

Title            DIRECTOR  
Name            BARTLETT, MICHAEL  
Address        11100 WILDLIFE CENTER DR  
City-State-Zip: RESTON VA 20190

*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

**ASSISTANT TREASURER    04/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date