

2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32507

FILED
Mar 28, 2023
Secretary of State
3677037801CC

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 SAVADOGO, ISMAEL
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 PAST CHAIR
Name HOUSTON, BILL
Address 11100 WILDLIFE CENTER DRIVE
City-State-Zip: RESTON VA 20190-5362

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

Title DIRECTOR
Name BERRY, MARK
Address 11100 WILDLIFE CENTER DRIVE
City-State-Zip: RESTON VA 20190-5362

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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: TAMARA JOHNSON

ASSISTANT TREASURER 03/28/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name CLUDERAY, THOMAS
Address 11100 WILDLIFE CENTER DRIVE
City-State-Zip: RESTON VA 20190-5362

Title CHAIR ELECT
Name ROBBINS, JOHN
Address 11100 WILDLIFE CENTER DRIVE
City-State-Zip: RESTON VA 20190-5362