

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P33290 (8)**

1. Corporation Name  
**ENVIRONMENTAL FEDERATION OF AMERICA, INCORPORATE**  
**D**



Principal Place of Business <b>3400 INTERNATIONAL DRIVE N.W.                  SUITE 2K                  WASHINGTON DC 20008</b>	Mailing Address <b>3400 INTERNATIONAL DRIVE N.W.                  SUITE 2K                  WASHINGTON DC 20008</b>
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3. Date Incorporated or Qualified <b>03/22/1991</b>	
4. FEI Number <b>52-1601960</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WEISS, TOM  
 1101 24TH ST. OCEAN  
 MARATHON FL 33050**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>FELDMAN, JAY</b>
STREET ADDRESS	<b>701 E. ST. SE</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRODIE, MICHAEL</b>
STREET ADDRESS	<b>801 PENNSYLVANIA AVE. SE, SUITE 400</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, CYNTHIA</b>
STREET ADDRESS	<b>1920 N. ST. N.W. STE. 400</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>KNIGHT, DAVID</b>
STREET ADDRESS	<b>1725 DESATES ST., NW, SUITE 800</b>
CITY-ST-ZIP	<b>WASHINGTON DC</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE
NAME	<b>HAYES, PAULA</b>
STREET ADDRESS	<b>257 PARK AVE S</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>CODA, MICHAEL</b>
STREET ADDRESS	<b>1815 N. LYNN ST</b>
CITY-ST-ZIP	<b>ARLINGTON VA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP, Finance</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Thomas Kearney</b>
1.3 STREET ADDRESS	<b>3400 International Drive, NW, Suite 2K</b>
1.4 CITY-ST-ZIP	<b>Washington, DC 20008</b>
2.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kalman Stein</b>
2.3 STREET ADDRESS	<b>3400 International Drive, NW, Suite 2K</b>
2.4 CITY-ST-ZIP	<b>Washington, DC - 20008</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Kearney* **Thomas Kearney** **3/11/98** **(202) 637-7100**

CPRE037 (10/97)